

Agency 300

Department of Social and Health Services

Recommendation Summary

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	18,341.2	8,760,368	12,506,079	21,266,447
Total Maintenance Level	18,370.3	11,444,487	11,832,578	23,277,065
Difference	29.1	2,684,119	(673,501)	2,010,618
Percent Change from Current Biennium	0.2%	30.6%	(5.4)%	9.5%
Performance Changes				
Reduce Nursing Home Rate for Lowest Acuity Clients #		(9,256)	(9,256)	(18,512)
Reduce Nursing Home Financing Rate #		(12,867)	(12,867)	(25,734)
Delay Nursing Home Rebase #		(7,412)	(7,412)	(14,824)
Reduce Area Agencies on Aging Unit Rate		(1,546)	(1,546)	(3,092)
Eliminate Family Policy Council #	(.5)	(2,800)		(2,800)
Reduce State Operated Living Alternatives Costs		(64)	(88)	(152)
Reduce Mental Health Training		(80)	(40)	(120)
Eliminate Council for Children and Families #	(7.0)	(2,276)		(2,276)
Reduce Senior Citizens Services Act		(1,160)		(1,160)
Reduce Individual and Family Services		(1,228)		(1,228)
Eliminate Service Center Funding			480	480
Close Residential Habilitation Centers #	(109.5)	(2,186)	(4,257)	(6,443)
Establish Community Initiative #		500		500
Reduce Crisis Residential Centers			(1,441)	(1,441)
Juvenile Court Quality Assurance	(2.5)	(1,178)		(1,178)
Reduce Parole Services	(22.3)	(4,993)		(4,993)
Close Maple Lane School	(11.2)	(3,272)		(3,272)
Reduce Juvenile Court Funding		(2,328)		(2,328)
Reduce Spokane Acute Care Proviso		(1,500)		(1,500)
Eliminate Children Advocacy Center		(1,430)		(1,430)
Eliminate State Portion Hope Beds		(276)	(349)	(625)
Eliminate Receiving Care Program		(2,140)	(510)	(2,650)
Reduce Evaluation Costs		(527)		(527)
Reduce Regional Staffing	(163.0)	(6,408)	(3,399)	(9,807)
Reduce Behavioral Rehabilitative Services		(10,778)	(4,578)	(15,356)
Reduce Victims of Domestic Violence		(1,280)		(1,280)
Reduce Urinalysis Testing		(343)		(343)
Eliminate Continuum of Care		(208)		(208)
Reduce Regional Client Services		(500)		(500)
Reduce Juvenile Rehabilitation Administration Institution Costs	(50.5)	(6,838)		(6,838)
Reduce Administrative Costs	(2.0)	(560)		(560)
Close Western State Hospital Ward	(49.0)	(6,644)		(6,644)
Reduce Western State Hospital Staff Costs	(30.0)	(4,186)	(3,156)	(7,342)
Capture Program Savings		(161)		(161)
Reduce Consolidated Support Services Operating Cost	(5.5)	(937)		(937)

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Reduce Regional Support Network Non-Medicaid Funding		(17,390)		(17,390)
Reduce Child Study Center Administration	(9.0)	(1,077)	(856)	(1,933)
Reduce Technical Assistance		(738)	(637)	(1,375)
Medicaid for Program for Active Community Treatment		(1,200)	1,200	
Provide Community Placements	1.4	5,580	5,447	11,027
Transition High School Clients		835	833	1,668
Reduce Residential Habilitation Centers Staff and Services	(40.0)	(2,600)	(2,598)	(5,198)
Reduce Personal Care Hours		(97,458)	(97,458)	(194,916)
Reduce Professional Services		(1,092)	(1,092)	(2,184)
Capture Voluntary Placement Savings		(400)		(400)
Reduce State Employment and Day Programs		(2,966)		(2,966)
Reduce Employment and Day Rates		(8,412)	(8,402)	(16,814)
Reduce Central Office		(102)	(102)	(204)
Reduce Field Staff and Services	(19.0)	(2,122)	(1,415)	(3,537)
Reduce Residential Services		(22,536)	(22,510)	(45,046)
Expand Family Caregiver Diversion		(1,446)	(8,346)	(9,792)
Improve Vulnerable Adults Safety #	23.9	(5,902)	23,175	17,273
Revise Phase-in for Nursing Home Discharge		(4,356)	(4,356)	(8,712)
Reduce Agency Provider Health Benefit #		(21,852)	(21,850)	(43,702)
Eliminate State Funded Naturalization		(5,684)		(5,684)
Eliminate State Food Assistance	(14.2)	(60,566)		(60,566)
Eliminate Child Support Pass Through #		(18,776)	(18,776)	(37,552)
Eliminate IRS Re-Distribution		(6,274)	(6,276)	(12,550)
Reduce Disability Lifeline Grant		(50,361)		(50,361)
Eliminate Refugee Employment Services	(4.0)	(10,006)		(10,006)
Eliminate Street Youth Program		(1,742)		(1,742)
Reduce Intervention Services		(4,872)	(2,790)	(7,662)
Reduce Medicaid Treatment Child Care		(744)		(744)
Eliminate Chemical Dependency Specialists		(1,343)		(1,343)
Reduce Funding for Secure Crisis Residential Centers		(186)	(2,441)	(2,627)
Reduce Administrative Staff	(14.0)	(4,374)		(4,374)
Reduce Special Commitment Center Programs	(4.0)	(2,544)		(2,544)
Reduce Chemical Dependency Services		(14,105)		(14,105)
Reduce Regional Administration	(16.0)	(1,378)	(1,448)	(2,826)
Fund McNeil Island Operations	35.3	5,600		5,600
In re Detention/David T. McCuiston		35,912		35,912
Eliminate Disability Lifeline-Unemployable #		(129,740)		(129,740)
Reduce Regional Administration	(3.0)	(284)	(294)	(578)
Eliminate Medical Interpreter Services Subsidy	(2.2)	(10,789)	(19,819)	(30,608)
Eliminate School Based Service Delivery	(.4)	(10,953)	(10,315)	(21,268)
Eliminate Medicare Part D Co-pay Subsidy	(.1)	(16,410)	(39)	(16,449)
Eliminate Podiatric Physician Reimbursement		(1,987)	(1,957)	(3,944)
Eliminate Children Health Program #	(.6)	(58,969)	(34)	(59,003)
Reduce Adult Non-emergent Dental Services		(26,288)	(26,014)	(52,302)
Eliminate Disability Lifeline Medical Services	(.2)	(147,573)	(145,613)	(293,186)
Federally Qualified Health Clinic Reimbursement Method Change		(85,083)	(86,573)	(171,656)
Reduce Healthy Options Administrative Payment		(10,000)	(10,000)	(20,000)
Reduce Maternity Support Services Program		(21,907)	(21,042)	(42,949)
Medicaid Transfer Cost Allocation		(355)	1,133	778

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Tobacco Cessation Funding		4,899	(4,899)	
Reduce Administrative Staff	(5.0)	(480)	(274)	(754)
Reduce Secure Community Transition Staffing Ratios #	(18.0)	(1,926)		(1,926)
Reduce Eastern State Hospital Staff Costs	(25.1)	(2,000)	(3,000)	(5,000)
Health Information Technology Implementation	9.0	224	1,928	2,152
ProviderOne Implement-Phase 2	50.0	6,266	21,730	27,996
Program Integrity	10.0	(39,774)	(39,583)	(79,357)
Medicaid Airlift Services Support Payment Program			5,854	5,854
Reduce Basic Support Grant		(2,479)	(9,160)	(11,639)
ProviderOne Implementation	4.0	470	445	915
Reduce Administrative Costs	(21.0)	(2,072)	(486)	(2,558)
Restore DSHS Legal Services		3,278	1,172	4,450
Health Care Consolidation #	(837.8)	(4,625,505)	(5,985,863)	(10,611,368)
Reduce Administrative Costs	(9.0)	(2,941)	(1,479)	(4,420)
Reduce Private Agency Fees		(3,936)	(1,596)	(5,532)
Delay Mandatory Training #	(11.0)	(29,090)	(19,373)	(48,463)
Leverage Funding for Education Coordinators		(506)		(506)
Reduce Pediatric Interim Care		(148)		(148)
Reduce Foster Parent Child Care		(3,461)		(3,461)
Reduce Foster Parent Recruitment		(333)		(333)
Eliminate Assessment Programs		(2,626)		(2,626)
Expedite Permanency		(3,000)	(2,982)	(5,982)
Reduce Voluntary Placement Agreements		(2,400)	(1,600)	(4,000)
Reduce Services to Youth		(379)		(379)
Reduce Responsible Living Skills		(900)		(900)
Increase Social Security Income Recoveries		(430)		(430)
Increase License and Certification Fee	1.0	(2,382)	2,448	66
Reduce Tribal Administrative Costs		(61)		(61)
Shift Education Legacy Costs to GF-S		725	(725)	
Suspend Plan 1 Uniform COLA #		(26,630)	(11,247)	(37,877)
State Data Center Rate Increase		4,565		4,565
Subtotal	(1,372.0)	(5,676,909)	(6,588,374)	(12,265,283)
Total Proposed Budget	16,998.3	5,767,578	5,244,204	11,011,782
Difference	(1,342.9)	(2,992,790)	(7,261,875)	(10,254,665)
Percent Change from Current Biennium	(7.3)%	(34.2)%	(58.1)%	(48.2)%
Total Proposed Budget by Activity				
Adoption Services and Support		111,676	82,552	194,228
Alternate Response System (ARS)		2,028	1,584	3,612
Behavioral Rehabilitative Services (BRS)		61,237	50,330	111,567
Child Protective Services (CPS)	1,065.8	93,211	101,808	195,019
Child Welfare Services (CWS)	1,176.5	109,738	120,730	230,468
Crisis Residential Center (CRC)		140	1,474	1,614
Division of Licensed Resources	155.6	13,904	7,577	21,481
Family Foster Home (FFH) Care		138,374	40,853	179,227
Family Reconciliation Services (FRS)	245.2	20,665	24,666	45,331
Family Support Services		42,818	1,471	44,289
Hope Center		(582)	1,572	990

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Medicaid Treatment Child Care (MTCC)		6,438	6,224	12,662
Other Foster Care		(13,939)	33,121	19,182
Public Health Nurses		2,159	579	2,738
Responsible Living Skills (RLSP)		1,898	120	2,018
Secure Crisis Residential Center		254	4,814	5,068
Street Youth Services		(438)	47	(391)
Victim Assistance		11,784	726	12,510
Community Facility Transitional Services for State Committed Juvenile Offenders	82.7	12,017	235	12,252
Community Services for Locally Committed Juveniles	.5	36,610	91	36,701
Institutional Services for State Committed Juvenile Offenders	710.6	104,322	900	105,222
Juvenile Rehabilitation Administration	4.0	4,001	1,500	5,501
Parole Transitional Services for State Committed Juvenile Offenders	50.5	19,864	1,636	21,500
Preventative Services for Juveniles	2.0	(414)	1,247	833
Civil Commitment Less Restrictive Alternatives	77.0	14,025		14,025
Civil Commitment-Sexual Predators	385.1	119,090		119,090
Community Mental Health Prepaid Health Services	17.0	381,029	445,757	826,786
Mental Health Services - Non-Medicaid Recipients	8.5	221,745	15,590	237,335
Mental Health Facilities Services	2,697.0	227,037	210,889	437,926
Other Community Mental Health Services	3.9	37,355	18,723	56,078
Mental Health Services - Children's Long-term Treatment Programs (CLIP)	1.0	8,163	7,554	15,717
Mental Health Services - Expanded Community Residential and Support Services for Older Adults (ECS)		(500)		(500)
Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)	1.0	3,296	105	3,401
Mental Health Services to Jails - Facilitating Access Services	1.0	5,812	99	5,911
Special Projects - Mental Health	14.2	4,087	3,146	7,233
Program Support - Mental Health	21.0	14,964	4,135	19,099
Infant Toddler Early Intervention Program (ITEIP)	(.2)			
Office of Deaf and Hard of Hearing	2.0	(4)	1,986	1,982
Field Services	573.2	55,248	40,360	95,608
Program Support for Developmental Disabilities	25.2	2,832	1,360	4,192
Public Safety Services		56,178	55,300	111,478
Residential Program		282,510	273,345	555,855
State Operated Living Alternatives	235.0	12,920	14,130	27,050
Voluntary Placement Program		462		462
Employment and Day Programs		94,650	37,362	132,012
Personal Care		244,658	247,341	491,999
Family Support Program for Developmentally Disabled Clients		11,054		11,054
Residential Habilitation Facilities	2,473.9	177,405	181,855	359,260
Other Community Programs		34,177	16,930	51,107
Professional Services		6,399	4,968	11,367
Adult Day Health Community Services		14,341	13,938	28,279
Adult Family Home Community Services		124,170	123,224	247,394
Program Support for Long Term Care	149.2	36,190	36,650	72,840

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Eligibility/Case Management Services	826.9	100,454	100,017	200,471
In-Home Services	2.5	745,611	746,195	1,491,806
Investigations/Quality Assurance	398.7	14,808	80,753	95,561
Residential Community Services		103,095	100,962	204,057
Nursing Home Services		465,596	455,395	920,991
Managed Care Services		17,636	17,636	35,272
Automated Client Eligibility Systems (ACES)	40.0	25,175	25,785	50,960
Child Support Enforcement	1,281.1	85,404	203,735	289,139
Child Support Recoveries		(76,968)	(76,970)	(153,938)
Consolidated Emergency Assistance (CEAP)	2.0	486		486
Diversion Cash Assistance (DCA)	(3.7)	25,850		25,850
Employment Support Services: Refugees	23.8	9,434	24,572	34,006
Food Stamp Administration	717.0	39,937	57,396	97,333
General Assistance - Interim SSI (GA-U/X)	236.8	76,561	(2,010)	74,551
Immigrant State Food Assistance	8.8	2,880	(1,712)	1,168
Income Assistance: Repatriated U.S. Citizens			120	120
Medical Eligibility Determination Services	1,277.3	60,199	124,764	184,963
Other Client Services		22,442	6,733	29,175
Program Support	38.7	99,299	112,792	212,091
Refugee Assistance Income	.3	(10,006)	7,095	(2,911)
Supplemental Security Income Payments		38,052		38,052
Temporary Assistance to Needy Families (TANF)	286.4	260,924	283,752	544,676
WorkFirst Employment and Training	421.3	77,616	160,080	237,696
Working Connections Child Care Program	290.1	232,893	229,051	461,944
Chemical Dependency Prevention Services	6.0	740	18,265	19,005
Community Based Drug and Alcohol Treatment Services	13.5	96,958	61,832	158,790
DASA Administration	29.8	4,041	14,670	18,711
Residential Drug and Alcohol Treatment Services	8.0	48,943	36,280	85,223
Support Services for Clients Receiving Drug and Alcohol Treatment	19.0	13,768	13,327	27,095
Administrative Costs				
Disproportionate Share Hospital/Proshare				
Mandatory Medicaid Program for Children and Families				
Medicaid for Optional Children	(.1)			
Medicaid Program for Aged, Blind and Disabled				
Medical Care for General Assistance Unemployable and ADATSA				
Optional Health Benefits: Dental, Vision, and Hearing				
Optional Health Care for Workers with Disability				
SCHIP	.1			
Special Programs				
Vocational Rehabilitation Projects and Grants		8	112	120
Vocational Rehabilitation Administration	4.9	1,228	1,617	2,845
Vocational Rehabilitation Counseling and Guidance	295.3	14,498	46,164	60,662
Vocational Rehabilitation Direct Client Services	20.0	7,046	53,714	60,760
Operations Support and Services Division	266.3	35,745	17,533	53,278
Executive Management	49.6	5,531	4,615	10,146
Financial Services Administration	48.4	10,851	6,521	17,372
Special Projects and Unique Programs Grants	13.5	1,460	5,525	6,985
Suspense				

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Council for Children and Families			1,004	1,004
Family Policy Council		(16)		(16)
Governor's Juvenile Justice Advisory Activity (GJJAC)	4.0	1,633	5,827	7,460
Payment to Other Agencies		139,461	59,701	199,162
Information Systems Services	203.6			
Office of Financial Recovery	2.5	1,247	752	1,999
Total Proposed Budget	17,010.0	5,767,578	5,244,204	11,011,782

Program 010

DSHS - Children's Administration**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	2,818.8	621,949	521,630	1,143,579
Total Maintenance Level	2,811.1	655,897	504,606	1,160,503
Difference	(7.8)	33,948	(17,024)	16,924
Percent Change from Current Biennium	(0.3)%	5.5%	(3.3)%	1.5%
Performance Changes				
Reduce Crisis Residential Centers			(1,441)	(1,441)
Eliminate Children Advocacy Center		(1,430)		(1,430)
Eliminate State Portion Hope Beds		(276)	(349)	(625)
Eliminate Receiving Care Program		(2,140)	(510)	(2,650)
Reduce Evaluation Costs		(527)		(527)
Reduce Regional Staffing	(163.0)	(6,408)	(3,399)	(9,807)
Reduce Behavioral Rehabilitative Services		(10,778)	(4,578)	(15,356)
Reduce Victims of Domestic Violence		(1,280)		(1,280)
Reduce Urinalysis Testing		(343)		(343)
Eliminate Continuum of Care		(208)		(208)
Eliminate Street Youth Program		(1,742)		(1,742)
Reduce Intervention Services		(4,872)	(2,790)	(7,662)
Reduce Medicaid Treatment Child Care		(744)		(744)
Eliminate Chemical Dependency Specialists		(1,343)		(1,343)
Reduce Funding for Secure Crisis Residential Centers		(186)	(2,441)	(2,627)
Reduce Regional Administration	(5.0)	(398)	(416)	(814)
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Leverage Funding for Education Coordinators		(506)		(506)
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Eliminate Assessment Programs		(2,626)		(2,626)
Expedite Permanency		(3,000)	(2,982)	(5,982)
Reduce Voluntary Placement Agreements		(2,400)	(1,600)	(4,000)
Reduce Services to Youth		(379)		(379)
Reduce Responsible Living Skills		(900)		(900)
Increase Social Security Income Recoveries		(430)		(430)
Shift Education Legacy Costs to GF-S		725	(725)	
Suspend Plan 1 Uniform COLA #		(4,463)	(1,531)	(5,994)
Subtotal	(168.0)	(54,532)	(24,358)	(78,890)
Total Proposed Budget	2,643.1	601,365	480,248	1,081,613
Difference	(175.8)	(20,584)	(41,382)	(61,966)
Percent Change from Current Biennium	(6.2)%	(3.3)%	(7.9)%	(5.4)%

HUMAN SERVICES - DSHS

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Total Proposed Budget by Activity				
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Victim Assistance		11,784	726	12,510
Total Proposed Budget	2,643.1	601,365	480,248	1,081,613

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Reduce Crisis Residential Centers

Crisis Residential Centers provide temporary residential placement for runaway youth and/or youth in conflict with their families. Funding for Crisis Residential Centers is reduced due to a fund shortfall. (Home Security Fund-State)

Eliminate Children Advocacy Center

Child Advocacy Centers stress coordination of investigation and intervention services by bringing together professionals and agencies as multi-disciplinary teams to create a child-focused approach to abuse cases. The Children's Administration will reduce funding for Child Advocacy Centers.

Eliminate State Portion Hope Beds

The Children's Administration contracts for services for street youth to provide assessment and permanency planning for up to 30 days in a HOPE Center setting. Funding is reduced for Hope Beds due to insufficient revenues. (General Fund-State, Home Security Fund)

Eliminate Receiving Care Program

The Receiving Care program provides short-term receiving care and assessment services on a 24-hour basis. The Receiving Care program is no longer a separate program. Children will continue to be served through the foster care program. (General Fund-State, General Fund-Federal)

Reduce Evaluation Costs

The Children's Administration will increase statewide consistency in the use of psychological testing and evaluations for adults and children. Funding is reduced to reflect this savings.

Reduce Regional Staffing

The Children's Administration will reduce 163.0 FTE staff and associated funding to achieve savings. (General Fund-State, General Fund-Federal)

Reduce Behavioral Rehabilitative Services

Behavioral Rehabilitative Services are provided to children and youth who are behaviorally and/or emotional disordered and whose behaviors cannot be maintained in a less intensive setting. Funding for Behavioral Rehabilitative Services is reduced. (General Fund-State, General Fund-Federal)

Reduce Victims of Domestic Violence

The Department of Social and Health Services (DSHS) contracts with emergency domestic violence shelters and for the state domestic violence hotline. DSHS also works with the Washington State Coalition Against Domestic Violence, which provides training and technical assistance for contracted agencies and domestic violence fatality reviews. Funding for the Victims of Domestic Violence Program is reduced. The Domestic Violence Hot Line, however, is retained.

Reduce Urinalysis Testing

The Children's Administration will target training of social workers related to the appropriate use of urinalysis testing. A more standardized approach will result in lower utilization; therefore, funding for urinalysis testing is reduced.

Eliminate Continuum of Care

The Children's Administration will restructure the Continuum of Care contract to incorporate the requirements of performance-based contracts and to prioritize families at substantial risk of out-of-home placement. Therefore, funding for the Continuum of Care is eliminated.

Eliminate Street Youth Program

The Street Youth Program provides outreach to homeless youth and works to keep children on the streets safe. Funding for the Street Youth Program is eliminated.

Reduce Intervention Services

Intervention services will be reduced. These services provide for assessment and/or specialized services needed for a family for up to six months. (General Fund-State, General Fund-Federal)

Reduce Medicaid Treatment Child Care

Effective July 1, 2011, the Medicaid Treatment Child Care program will serve only those children with open dependencies with the Children's Administration.

Eliminate Chemical Dependency Specialists

The Children's Administration will no longer place chemical dependency specialists in field offices. These specialists conduct on-site chemical dependency screening and assessments.

Reduce Funding for Secure Crisis Residential Centers

Secure Crisis Residential Centers provide temporary residential placement for runaway youth and/or youth in conflict with their families. The General Fund-State funding for these centers is eliminated. Due to lower than expected revenues, the Home Security Funding is reduced. (General Fund-State, Home Security Fund-State)

HUMAN SERVICES - DSHS

Reduce Regional Administration

The Department of Social and Health Services is consolidating its regional structure from six to three for all programs across the state. (General Fund-State, General Fund-Federal)

Reduce Private Agency Fees

The Children's Administration contracts with private agencies for services for family foster homes. The fees paid to these private agencies are reduced. (General Fund-State, General Fund-Federal)

Leverage Funding for Education Coordinators

Educational coordinators provide educational advocacy services for children in foster care. Private local dollars will be matched with federal dollars to provide educational outcomes for children in foster care.

Reduce Pediatric Interim Care

Funding is reduced for the Pediatric Interim Care facility in Kent. This facility provides 24-hour care for substance-affected infants up to 45 days after release from the hospital.

Reduce Foster Parent Child Care

Funding for Foster Parent Employment Child Care is reduced. The Children's Administration will limit foster parent child care when one or more parent is not employed.

Reduce Foster Parent Recruitment

DSHS will reduce funding for foster care recruitment by achieving efficiencies through one statewide contract to coordinate all foster parent recruitment. (General Fund-State, General Fund-Federal)

Eliminate Assessment Programs

Intensive foster care assessments and comprehensive assessments are eliminated. The Children's Administration will implement a broader approach to address barriers to permanency. It will explore the use of permanency roundtables, which have shown to be effective in moving children to permanency.

Expedite Permanency

Permanency funding is reduced. The Children's Administration will focus on already legally free children awaiting a home study and expedite completion of home studies to move children more quickly to adoption. (General Fund-State, General Fund-Federal)

Reduce Voluntary Placement Agreements

In certain situations, parents may place their children in voluntary placement. This includes services for developmental disabled children, out-of-control adolescents, and other situations while parents search for alternative placement options. The Children's Administration will reduce the use of voluntary placement agreements. If a child is in immediate danger, then the child will be placed in out-of-home care. If a child is not in danger, then intensive in-home services will be provided. (General Fund-State, General Fund-Federal)

Reduce Services to Youth

Funding for the Sexually Aggressive Youth Program is reduced. Youth receiving these services are non-dependent youth. The treatment addresses sexually aggressive behavior as a primary behavioral indicator.

Reduce Responsible Living Skills

The Responsible Living Skills Program, which provides independent living services in a residential setting, is reduced. Services enable the youth to achieve competency in independent living skills and personal decision making.

Increase Social Security Income Recoveries

Children's Administration will reduce costs by increasing the Social Security Income recoveries. As additional children are approved for Social Security Income benefits, less General Fund-State funding will be required.

Shift Education Legacy Costs to GF-S

Under Governor's proposed legislation, cigarette tax revenue now going to the Education Legacy Trust Account is moved to the General Fund starting in Fiscal Year 2011. A like amount of Education Legacy Trust Account expenditures are moved to General Fund-State support.

ACTIVITY DESCRIPTIONS

Adoption Services and Support

The Adoption Services and Adoption Support program provides permanent placement and support for children and youth in foster care who are legally free, meaning parental rights have been either voluntarily relinquished or terminated due to abuse, neglect, or abandonment. Adoption Support may provide help with legal assistance, fees for adoption, ongoing monthly maintenance for adopted children with special needs, counseling reimbursements, and training opportunities. FTEs shown here represent staff who support the adoption program.

Alternate Response System (ARS)

Alternate Response System (ARS) services consist of a number of contracted programs throughout the state provided by public health nurses or other social service agencies that handle moderately low and low-risk Child Protective Services (CPS) referrals. The intent of ARS is to furnish preventive interventions, thereby reducing the risk of child abuse and neglect and re-referrals to CPS for the families involved. A high proportion of these low-risk referrals involve neglect issues.

Behavioral Rehabilitative Services (BRS)

Behavioral Rehabilitative Services (BRS) contracts with community agencies for rehabilitation services for children and youth with serious emotional, behavioral, or medical difficulties, who cannot be adequately served in family foster care. BRS provides a higher level of care and treatment for children and youth with the most severe needs. FTEs represent group care coordinators, licensors, program managers, and support. (Violence Reduction and Drug Enforcement Account - State)

Child Protective Services (CPS)

Child Protective Services (CPS) provides 24-hour, seven-days-a-week intake, screening, and investigative services for reports of suspected child abuse and neglect. CPS investigates appropriate referrals to assess the safety and protection needs of children and, when necessary, intervenes by providing services designed to improve the safety of children and protect them from further harm.

HUMAN SERVICES - DSHS

Child Welfare Services (CWS)

Child Welfare Services (CWS) provides both permanency planning and intensive treatment services to children and families who may need help with chronic problems, such as ongoing abuse, neglect, or intensive medical needs. CWS is provided to children and families when long-term services are needed, beyond those available through Child Protective Services (CPS) or Family Reconciliation Services (FRS). Most children served in this program are dependents of the state or are legally free for adoption. FTEs shown here represent both case-carrying and supporting staff from direct services, special projects, and program support who support CWS activities.

Crisis Residential Center (CRC)

Crisis Residential Center (CRC) services provide temporary and safe housing for children who run away from home or are in severe conflict with their parents. Stays range from four hours to five days. CRCs provide on-site counseling for children and parents with an emphasis on family reunification, unless it is not safe for the child to return to the family home. FTEs shown here represent staff support for CRC activities. (Public Safety & Education Account-State)

Division of Licensed Resources

The Division of Licensed Resources (DLR) is responsible for licensing and monitoring family foster and group homes, training and support of foster parents, and the investigation of complaints concerning the health and safety of children and the quality of care provided in foster care facilities.

Family Foster Home (FFH) Care

Family Foster Home (FFH) Care provides 24-hour care to children of all ages who need temporary out-of-home placement due to child abuse, neglect, or family conflict. Care in a FFH is a short-term solution to an emergent situation. The goal is to return each child to his/her home, or to find another permanent home as early as possible. FFH services are also available with licensed foster parents through community child placement agencies.

Family Reconciliation Services (FRS)

Family Reconciliation Services (FRS) are voluntary services devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. FRS is available to families 24 hours a day, seven days per week. Families requesting FRS are offered Phase I (intake and assessment) by an FRS social worker within hours of their request. Families who need further intervention are referred for Phase II, in-home crisis counseling. Phase II services are contracted, provided from the Family Support Services budget, and available for up to 15 hours within a 30-day period. FTEs shown here represent both case-carrying and supporting staff from direct services, special projects, and program support.

Family Support Services

Family Support Services are offered to assist children and families who are in crisis and at risk of disruption. Family Support Services provide early intervention intended to help families prevent abuse and neglect, avoid out-of-home placement, and promote the healthy development of children and youth. Activities include Family Preservation Services, Family Reconciliation Services, Continuum of Care, Home-Based Services, and Child Protective/Child Welfare Services Child Care. FTEs shown here represent staff who support these activities.

Hope Center

The Hope Center program has 75 beds statewide that provide temporary and safe housing for older adolescents, while a permanent placement plan is developed. The goal of the Hope Center program is to get youth off the streets, reunite them with their parents, and refer them to resources in the community that can help them return to a traditional family life. FTEs shown here represent staff who support the Hope Center program. (Public Safety and Education Account-State)

Medicaid Treatment Child Care (MTCC)

Medicaid Treatment Child Care (MTCC), formerly called Therapeutic Child Development, provides families with young children at serious risk of abuse or neglect with intensive child development services and interventions to promote parenting skills. Contracted child care providers deliver services to children for at least four hours each day. Additional services and support are provided to families through home visits, parent education, and parent support groups. MTCC services are available to families served through Child Protective or Child Welfare Services, and for parents participating in certified Division of Alcohol and Substance Abuse treatment programs. FTEs shown here represent program support staff involved in MTCC activities.

Other Foster Care

Other Foster Care services include Receiving Home Care, Foster Care Client Support Services, Miscellaneous Foster Care, Pediatric Interim Care for medically fragile infants, and out-of-home placement recoveries.

Public Health Nurses

Public health nurses, also known as the Early Intervention Program, is a voluntary, in-home nursing service which can prevent the need for more intrusive Division of Children and Family Services interventions. This program is generally used to respond to neglect.

Responsible Living Skills (RLSP)

The Responsible Living Skills Program (RLSP) provides residential placement and transitional living services for 16 and 17-year-old youth whose prior foster care placements have not been successful. RLSP provides permanent and safe housing for these youth, and offers life skills services critical for independent living when they reach age 18. FTEs shown here represent staff who support RLSP. (Public Safety and Education Account-State)

Secure Crisis Residential Center

Secure Crisis Residential Center (SCRC) services provide 24-hour availability, with 66 beds statewide, for short-term placements of up to five days for runaways placed by law enforcement. SCRCs have locked doors and windows, and fenced grounds, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification. FTEs shown here represent staff who support SCRC. (Public Safety & Education Account-State)

Street Youth Services

Street Youth Services are intended to help children who are not appropriately served through traditional methods of counseling. These children are living away from their homes and may be chemically dependent and/or actively involved in prostitution or delinquent behaviors. Services are aimed at getting youth off the streets and are available for youth actively engaged in street activities, as well as those ready to leave the streets.

Victim Assistance

The Victim Assistance program provides support for community-based shelters, emergency counseling, and legal advocacy to children and families who have experienced domestic violence and sexual assault. A statewide, toll-free hotline is available to link victims with services in their community. Special programs are also offered for sexually aggressive youth. FTEs represent staff who support the Victim Assistance program. (Public Safety and Education Account-State)

Program 020

DSHS - Juvenile Rehabilitation**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	987.4	201,198	15,273	216,471
Total Maintenance Level	939.9	197,882	5,615	203,497
Difference	(47.5)	(3,316)	(9,658)	(12,974)
Percent Change from Current Biennium	(4.8)%	(1.6)%	(63.2)%	(6.0)%
Performance Changes				
Juvenile Court Quality Assurance	(2.5)	(1,178)		(1,178)
Reduce Parole Services	(22.3)	(4,993)		(4,993)
Close Maple Lane School	(11.2)	(3,272)		(3,272)
Reduce Juvenile Court Funding		(2,328)		(2,328)
Reduce Regional Client Services		(500)		(500)
Reduce Juvenile Rehabilitation Administration Institution Costs	(50.5)	(6,838)		(6,838)
Reduce Administrative Costs	(2.0)	(560)		(560)
Suspend Plan 1 Uniform COLA #		(1,813)	(6)	(1,819)
Subtotal	(88.5)	(21,482)	(6)	(21,488)
Total Proposed Budget	851.4	176,400	5,609	182,009
Difference	(136.0)	(24,798)	(9,664)	(34,462)
Percent Change from Current Biennium	(13.8)%	(12.3)%	(63.3)%	(15.9)%
Total Proposed Budget by Activity				
Community Facility Transitional Services for State Committed Juvenile Offenders	82.7	12,017	235	12,252
Community Services for Locally Committed Juveniles	.5	36,610	91	36,701
Institutional Services for State Committed Juvenile Offenders	710.6	104,322	900	105,222
Juvenile Rehabilitation Administration	4.0	4,001	1,500	5,501
Parole Transitional Services for State Committed Juvenile Offenders	50.5	19,864	1,636	21,500
Preventative Services for Juveniles	2.0	(414)	1,247	833
Total Proposed Budget	850.2	176,400	5,609	182,009

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

HUMAN SERVICES - DSHS

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Juvenile Court Quality Assurance

The Governor would not propose transferring the Juvenile Court Quality Assurance program funding to the Administrative Office of the Courts (AOC), but would keep this funding in the Juvenile Rehabilitation Administration. However, the Judiciary indentified transferring this program as part of its biennial budget submission, and the Governor is prohibited from revising this submission under RCW 43.88.090(1). Funding for this program is removed from the Juvenile Rehabilitation Administration (JRA) simply for the purpose of not double counting the funding in the budget.

Reduce Parole Services

The Juvenile Rehabilitation Administration will reduce funding for parole services to juveniles. The agency will achieve savings by reducing diagnostic services, eliminating Aggression Replacement Therapy in the community (and only providing it in institutions), increasing caseloads from 1:20 to 1:25, restructuring regional administration, and reducing lease costs.

Close Maple Lane School

Maple Lane School in Rochester is closed at the end of Fiscal Year 2011. These savings occur as a result of the closure.

Reduce Juvenile Court Funding

The funding provided to county juvenile courts and participating tribes is reduced, as are DSHS administrative expenditures associated with administering the juvenile court block grant.

Reduce Regional Client Services

The Juvenile Rehabilitation Administration funds transition services for non-parole youth and regional client services. Funds for these activities are reduced.

Reduce Juvenile Rehabilitation Administration Institution Costs

Juvenile offenders are sentenced by the courts for a minimum and a maximum length of stay. The Juvenile Rehabilitation Administration (JRA) has the authority to designate the release date for each offender within the sentence range. JRA will now release more non-violent, low-risk juvenile offenders on their minimum release date, which will result in bed savings at JRA institutions.

Reduce Administrative Costs

The Juvenile Rehabilitation Administration headquarters staffing is reduced.

ACTIVITY DESCRIPTIONS

Community Facility Transitional Services for State Committed Juvenile Offenders

Community Residential Services for Juvenile Offenders includes seven state-operated and four contracted community facilities for up to 162 beds for adjudicated youth who are transitioning back to the community. Specific services include 24-hour supervision, individual and group counseling, transition services, drug and alcohol education, education and/or vocational training, skills training, anger management, and other intervention programs based on need. (Violence Reduction and Drug Enforcement Account)

Community Services for Locally Committed Juveniles

The Community Juvenile Accountability Act (CJAA) funds programs on a statewide basis that are demonstrated by research to reduce recidivism of juvenile offenders. CJAA programs target youth on county probation who are at moderate to high risk for reoffending. All of the 34 juvenile court jurisdictions representing 39 counties have implemented CJAA interventions. Pre-commitment at-risk services include diversion, probation supervision, individual and family counseling, drug/alcohol assessment and treatment, alternative education, vocational training, and psychiatric and psychological services. There are at-risk youth programs in all of the 34 juvenile court jurisdictions representing 39 counties. The Chemical Dependency Disposition Alternative (CDDA) provides courts with a sentencing option for chemically dependent youth, allowing judges to order youth into supervised treatment. Both locally sanctioned youth and certain youth who would otherwise be committed to the Juvenile Rehabilitation Administration (JRA) are eligible for CDDA. Special Sex Offender Disposition Alternative (SSODA), for certain first-time sex-offenders, allows the court to suspend the sentence of an adjudicated offender and instead order at least 24 months of community supervision, and require the youth to receive treatment in the community from a certified sex offender treatment provider.

Institutional Services for State Committed Juvenile Offenders

The Juvenile Rehabilitation Administration (JRA) maintains four secure residential facilities for the 1,200 youth committed to state custody each year. It also contracts for services with Camp Outlook for a basic training camp program. Currently, JRA operates 778 medium and maximum secure institution beds. Services provided to residents focus on rehabilitation and the preparation of juvenile offenders to live successfully in a community setting after confinement. Residential programs utilize a research-based treatment model that is based on cognitive behavioral principles. Sixty percent of committed youth meet the definition of mental health target population and need a treatment intervention that addresses their specific mental health issue. Basic residential services include diagnosis, counseling, medical and dental care, academic education, prevocational and vocational training. Specialized treatment is provided to youth with drug/alcohol, sex offender, and mental health problems.

Juvenile Rehabilitation Administration

This activity represents the administrative and technical support for all programs within the Juvenile Rehabilitation Administration, including policy development, fiscal planning, quality assurance, contract coordination, treatment program administration, and information services.

Parole Transitional Services for State Committed Juvenile Offenders

The Juvenile Rehabilitation Administration (JRA) coordinates regional services that include state and county-contracted diagnostic services for committable offenders; intensive, sex offender, enhanced, and transition parole services for approximately 1,300 youth per year who have completed their sentences; research-based treatment resources for parolees; skill center grants; and regional administration. (Violence Reduction and Drug Enforcement Account)

Preventative Services for Juveniles

This activity includes community-based state and federal grant programs designed to prevent juvenile violence. Also included are local programs funded by the federal Juvenile Accountability Incentive Block Grant (JAIBG), promoting greater individual accountability within the juvenile justice system.

Program 030

DSHS - Mental Health**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	2,881.2	806,672	767,006	1,573,678
Total Maintenance Level	2,882.2	945,171	712,121	1,657,292
Difference	1.0	138,499	(54,885)	83,614
Percent Change from Current Biennium	0.0%	17.2%	(7.2)%	5.3%
Performance Changes				
Reduce Spokane Acute Care Proviso		(1,500)		(1,500)
Close Western State Hospital Ward	(49.0)	(6,644)		(6,644)
Reduce Western State Hospital Staff Costs	(30.0)	(4,186)	(3,156)	(7,342)
Capture Program Savings		(161)		(161)
Reduce Consolidated Support Services Operating Cost	(5.5)	(937)		(937)
Reduce Regional Support Network Non-Medicaid Funding		(17,390)		(17,390)
Reduce Child Study Center Administration	(9.0)	(1,077)	(856)	(1,933)
Reduce Technical Assistance		(738)	(637)	(1,375)
Medicaid for Program for Active Community Treatment		(1,200)	1,200	
Reduce Eastern State Hospital Staff Costs	(25.1)	(2,000)	(3,000)	(5,000)
Increase License and Certification Fee	1.0	(928)	994	66
Suspend Plan 1 Uniform COLA #		(5,422)	(668)	(6,090)
Subtotal	(117.6)	(42,183)	(6,123)	(48,306)
Total Proposed Budget	2,764.6	902,988	705,998	1,608,986
Difference	(116.6)	96,316	(61,008)	35,308
Percent Change from Current Biennium	(4.0)%	11.9%	(8.0)%	2.2%
Total Proposed Budget by Activity				
Community Mental Health Prepaid Health Services	17.0	381,029	445,757	826,786
Mental Health Services - Non-Medicaid Recipients	8.5	221,745	15,590	237,335
Mental Health Facilities Services	2,697.0	227,037	210,889	437,926
Other Community Mental Health Services	3.9	37,355	18,723	56,078
Mental Health Services - Children's Long-term Treatment Programs (CLIP)	1.0	8,163	7,554	15,717
Mental Health Services - Expanded Community Residential and Support Services for Older Adults (ECS)		(500)		(500)
Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)	1.0	3,296	105	3,401
Mental Health Services to Jails - Facilitating Access Services	1.0	5,812	99	5,911
Special Projects - Mental Health	14.2	4,087	3,146	7,233
Program Support - Mental Health	21.0	14,964	4,135	19,099
Total Proposed Budget	2,764.6	902,988	705,998	1,608,986

HUMAN SERVICES - DSHS

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Reduce Spokane Acute Care Proviso

Funding provided to the Spokane Regional Support Network to lower bed utilization at Eastern State Hospital is reduced by one-half.

Close Western State Hospital Ward

One Western State Hospital Psychiatric Recovery and Treatment Center (PRTC) ward serving patients with severe psychiatric disorders who are civilly committed was closed in October 2010. Patients who were receiving treatment in this ward are now served in other Western State Hospital wards. This item also reduces clinical FTE staff associated with the ward closure.

Reduce Western State Hospital Staff Costs

Western State Hospital will achieve savings by managing vacancies, limiting overtime, and staff reorganization. (General Fund-State, General Fund-Federal, General Fund-Private/Local)

Capture Program Savings

The Hospital Reimbursement Group at Western State is responsible for all revenue functions, including identification and collection of client recoveries. Funding is reduced due to ongoing savings from lower expenditures.

Reduce Consolidated Support Services Operating Cost

Operating costs in the Consolidated Support Services unit at Eastern State Hospital are reduced.

Reduce Regional Support Network Non-Medicaid Funding

The Department of Social and Health Services reduces non-Medicaid funding to the Regional Support Networks (RSNs) for the provision of mental health services. RSNs will mitigate the impacts that these reductions will have on crisis response and evaluation and treatment services. The Department will ensure that their contracts with the RSNs are performance-based and that the contracts identify expected deliverables and performance measures or outcomes.

Reduce Child Study Center Administration

The Department will reduce administrative staffing costs at the Child Study and Treatment Center. (General Fund-State, General Fund-Federal)

Reduce Technical Assistance

The Mental Health Division will terminate the contract with the Washington Institute for Mental Health Research and Training. (General Fund-State, General Fund-Federal)

Medicaid for Program for Active Community Treatment

The Department will increase federal Medicaid funding participation for the Program for Active Community Treatment (PACT) teams. (General Fund-State, General Fund-Federal)

Reduce Eastern State Hospital Staff Costs

Eastern State Hospital will reduce staff costs through increased efficiencies. (General Fund-State, General Fund-Federal, General Fund-Private/Local)

Increase License and Certification Fee

The Department will establish licensing and certification fees at an amount adequate to reimburse the costs of its licensing, certification, and regulation activities for approved chemical dependency treatment programs and licensed community mental health providers. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Community Mental Health Prepaid Health Services

Mental Health Community Services provides financial support and program direction for community mental health programs delivered by Regional Support Networks and prepaid health plans. Programs include mental health services that implement the Involuntary Treatment Act, and mandated and optional mental health services for voluntary populations that include the acutely mentally ill, chronically mentally ill, and seriously disturbed of all ages. Services include outpatient, inpatient, acute care, emergency, day treatment, consultation and education, employment services, and Medicaid transportation. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

Mental Health Services - Non-Medicaid Recipients

Mental Health Services for non-Medicaid recipients provide financial support and program direction to Regional Support Networks for community mental health programs for non-Medicaid eligibles and for services that do not qualify for Medicaid under the state plan. Programs provide services for both voluntary and involuntary populations (through the Involuntary Treatment Act) for the acutely mentally ill, chronically mentally ill, and seriously disturbed of all ages. Services include outpatient, inpatient, acute care, day treatment, consultation and education, and employment services. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

Mental Health Facilities Services

State psychiatric hospitals include Eastern and Western State Hospitals and the Child Study and Treatment Center. Services include inpatient psychiatric services for acutely and chronically mentally ill persons, mentally ill legal offenders, geriatric patients at Eastern and Western State Hospitals, and inpatient psychiatric services for severely disturbed children and adolescents at the Child Study and Treatment Center.

Other Community Mental Health Services

This activity has four service components: Children's Long-Term Inpatient Services (CLIP), the Clark County school project, Community Transition Support Services for former state hospital patients, and a federal Mental Health Block Grant. Children's Long-Term Inpatient Services provides inpatient services to mentally ill children. The Clark County school project provides intensive mental health services in a school setting for severely emotionally disturbed children who are Medicaid-eligible. Community Transition Support Services are for people who no longer require hospital level of care for their psychiatric treatment or meet the criteria for state hospital inpatient involuntary commitment, but whose treatment needs still result in substantial barriers to community placement. The federal block grant provides funds for activities such as the Mental Health Planning and Advisory Council, as well as training, education, and support services to consumers, mental health professionals, and advocates.

HUMAN SERVICES - DSHS

Mental Health Services - Children's Long-term Treatment Programs (CLIP)

This activity addresses long-term treatment programs for children. The Children's Long-term Inpatient Program (CLIP) facilities provide critical inpatient services to children less than 18 years of age with severe psychiatric impairment who require intensive services in a restrictive setting. Currently, Tamarack Center (Spokane), Pearl Street Center (Tacoma), and McGraw Center (Seattle) are non-profit CLIP facilities. The Child Study and Treatment Center (Tacoma) also is considered a CLIP facility and is located in the Mental Health Facilities Service activity.

Mental Health Services - Expanded Community Residential and Support Services for Older Adults (ECS)

Expanded Community Services (ECS) provides community residential and support services for persons who are older adults or who have co-occurring medical and behavioral disorders and who have been discharged or diverted from a state psychiatric hospital. The individuals have treatment needs constituting substantial barriers to community placement. However, they no longer require active psychiatric treatment at an inpatient hospital level of care and no longer meet the criteria for inpatient involuntary commitment. Coordination of these services is accomplished in partnership between the Mental Health Division and the Aging and Disability Services Administration.

Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)

The DMIO program helps improve public safety and provides additional mental health treatment for dangerous mentally ill and chemically dependent mentally ill offenders scheduled to be released from state prisons into the community. It is a joint activity of DSHS and the Department of Corrections (DOC). Community care planning teams are co-led by the local regional support network (RSN) and DOC representatives and include substance abuse treatment providers and others as needed to develop engagement and transition plans for each DMIO participant. The program provides additional funds for services to supplement the services the participant would otherwise receive, and directs DSHS to contract with the RSNs, or other entities, to purchase these services.

Mental Health Services to Jails - Facilitating Access Services

Services are provided to offenders with mental health disorders while they are confined in county or city jails. The Mental Health Division works in conjunction with Economic Services Administration to facilitate the reinstatement of Medicaid-eligible mental health services for offenders who are released from confinement.

Special Projects - Mental Health

This activity funds special projects for mental health, including projects and grants to demonstrate service delivery to the homeless, mentally ill offenders, and family support projects.

Program Support - Mental Health

These costs represent administrative and technical support for all programs within the Mental Health Administration, including policy development, fiscal planning, information services, and legislative and regional coordination.

Program 040

DSHS - Developmental Disabilities**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	3,452.5	775,340	1,146,764	1,922,104
Total Maintenance Level	3,480.3	1,058,493	940,577	1,999,070
Difference	27.8	283,153	(206,187)	76,966
Percent Change from Current Biennium	0.8%	36.5%	(18.0)%	4.0%
Performance Changes				
Reduce State Operated Living Alternatives Costs		(64)	(88)	(152)
Reduce Mental Health Training		(80)	(40)	(120)
Reduce Individual and Family Services		(1,228)		(1,228)
Close Residential Habilitation Centers #	(109.5)	(2,186)	(4,257)	(6,443)
Provide Community Placements	1.4	5,580	5,447	11,027
Transition High School Clients		835	833	1,668
Reduce Residential Habilitation Centers Staff and Services	(40.0)	(2,600)	(2,598)	(5,198)
Reduce Personal Care Hours		(21,252)	(21,252)	(42,504)
Reduce Professional Services		(1,092)	(1,092)	(2,184)
Capture Voluntary Placement Savings		(400)		(400)
Reduce State Employment and Day Programs		(2,966)		(2,966)
Reduce Employment and Day Rates		(8,412)	(8,402)	(16,814)
Reduce Central Office		(102)	(102)	(204)
Reduce Field Staff and Services	(19.0)	(2,122)	(1,415)	(3,537)
Reduce Residential Services		(22,536)	(22,510)	(45,046)
Improve Vulnerable Adults Safety #			1,052	1,052
Reduce Agency Provider Health Benefit #		(2,185)	(2,185)	(4,370)
Reduce Regional Administration	(3.0)	(282)	(374)	(656)
Delay Mandatory Training #	(3.0)	(13,464)	(10,103)	(23,567)
Suspend Plan 1 Uniform COLA #		(5,444)	(540)	(5,984)
Subtotal	(173.1)	(80,000)	(67,626)	(147,626)
Total Proposed Budget	3,307.2	978,493	872,951	1,851,444
Difference	(145.3)	203,153	(273,813)	(70,660)
Percent Change from Current Biennium	(4.2)%	26.2%	(23.9)%	(3.7)%
Total Proposed Budget by Activity				
Infant Toddler Early Intervention Program (ITEIP)	(.2)			
Field Services	573.2	55,248	40,360	95,608
Program Support for Developmental Disabilities	25.2	2,832	1,360	4,192
Public Safety Services		56,178	55,300	111,478
Residential Program		282,510	273,345	555,855
State Operated Living Alternatives	235.0	12,920	14,130	27,050
Voluntary Placement Program		462		462
Employment and Day Programs		94,650	37,362	132,012

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Personal Care		244,658	247,341	491,999
Family Support Program for Developmentally Disabled Clients		11,054		11,054
Residential Habilitation Facilities	2,473.9	177,405	181,855	359,260
Other Community Programs		34,177	16,930	51,107
Professional Services		6,399	4,968	11,367
Total Proposed Budget	3,307.1	978,493	872,951	1,851,444

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Reduce State Operated Living Alternatives Costs

State Operated Living Alternatives (SOLA) will reduce discretionary expenditures for goods and services, travel, and equipment. (General Fund-State, General Fund-Federal)

Reduce Mental Health Training

Training activities within the Division of Developmental Disabilities mental health program are reduced. (General Fund-State, General Fund-Federal)

Reduce Individual and Family Services

The individual and family services program is reduced by 10 percent. These services are intended to keep families intact by providing them with assistance in caring for family members with developmental disabilities.

Close Residential Habilitation Centers

The Francis Haddon Morgan Center Residential Habilitation Center (RHC) was scheduled to close by June 30, 2011. The Yakima Valley School RHC will close by June 2013. Current residents will move to private nursing facilities, community residential placements, or other RHCs. (General Fund-State, General Fund-Federal)

Provide Community Placements

Funding is provided for out-of-home community residential placements for 58 individuals with developmental disabilities. These clients will need placement as they move from other placements, including foster care, juvenile rehabilitation, mental health institutions, and the Department of Corrections. (General Fund-State, General Fund-Federal)

Transition High School Clients

Funding is provided for employment programs for high school graduates who receive Medicaid waiver services and who will be turning 21 years of age. (General Fund-State, General Fund-Federal)

Reduce Residential Habilitation Centers Staff and Services

Reductions are made to Residential Habilitation Centers (RHC). The reductions will come from changes in adult training programs, food services, increased client density in houses and cottages, cottage closures, and staff layoffs. (General Fund-State, General Fund-Federal)

Reduce Personal Care Hours

Personal Care provides assistance with daily living activities to individuals who meet functional and financial eligibility. An average 10 percent acuity-based reduction is made to personal care service hours for adult clients receiving in-home personal care under Medicaid programs. The actual reduction will range between 6 percent and 18 percent per client depending on acuity. (General Fund-State, General Fund-Federal)

Reduce Professional Services

The Department of Social and Health Services will assume savings in contracted professional services for therapies and technical assistance. (General Fund-State, General Fund-Federal)

Capture Voluntary Placement Savings

Voluntary Placement Program funding is aligned with past years' expenditure levels. This reduction reflects projected under-expenditures and is not expected to have a direct impact on clients.

Reduce State Employment and Day Programs

Funding is eliminated for 240 clients in employment and day programs that have not yet entered the program. This reduction will impact the ability of high school graduates to obtain job training, placement, and support services.

Reduce Employment and Day Rates

Reductions in funding are made to counties for providing employment support to people with developmental disabilities. This reduction includes projected under-expenditures. (General Fund-State, General Fund-Federal)

Reduce Central Office

The Division of Developmental Disabilities' central office will reduce expenditures for travel, equipment, printing, and projects. The reduction will result in less assistance to field staff, advocates, consumers, and partners. (General Fund-State, General Fund-Federal)

Reduce Field Staff and Services

Reductions are made to case managers and case management services on the no-paid services caseload. In addition, vacant positions are not filled and reductions are made to regional office expenditures. (General Fund-State, General Fund-Federal)

Reduce Residential Services

Reductions are made to rates paid to vendors providing community residential services to people with developmental disabilities. The reduction will apply to providers for group homes, alternative living, companion homes, supported living, and licensed staff residential settings. (General Fund-State, General Fund-Federal)

Improve Vulnerable Adults Safety #

Funding is provided to ensure adequate levels of community protection in adult family homes, boarding homes and nursing homes. The entire cost of oversight and licensure will be included in the license fees for these community settings, eliminating any general fund subsidy. (General Fund-Private/Local, General Fund-Federal)

Reduce Agency Provider Health Benefit #

The Department of Social and Health Services' Developmental Disabilities Division will reform the way health benefits are purchased for agency providers serving Medicaid clients. (General Fund-State, General Fund-Federal)

HUMAN SERVICES - DSHS

Reduce Regional Administration

The Department of Social and Health Services is consolidating its regional structure from six to three for all programs across the state. (General Fund-State, General Fund-Federal)

Delay Mandatory Training #

Improvements in mandatory training and certification requirements for long-term care workers are delayed until the 2013-15 biennium. No clients will lose service as a result of this delay. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Infant Toddler Early Intervention Program (ITEIP)

Special projects for developmentally disabled clients include the Infant Toddler Early Intervention Program (ITEIP). This program is a multidisciplinary system for early intervention services to infants and toddlers with disabilities and their families. The program contracts with local organizations and governments for direct services.

Field Services

Field Services staff for developmentally disabled clients are responsible for case management services and developing and monitoring all community services contracted directly by the Aging and Disability Services Administration (ADSA). Every client is assigned a case manager to assist in determining service needs, connect with available resources, provide ongoing information and referral, complete assessments and service plans, locate providers, and authorize services. Staff are also responsible for developing and monitoring all community services contracted by the division, providing technical assistance to private contractors, and coordinating planning and delivery of training services with county governments.

Program Support for Developmental Disabilities

Program Support represents the costs of administrative and technical support for all programs within the Division of Developmental Disabilities. Included in this category are policy development, fiscal planning, information services, and legislative and regional coordination. Central administration promotes consistency in the statewide application of legislative policy and programs.

Public Safety Services

Public Safety Services provides funding for residential placements of developmentally disabled clients with community protection issues. These include clients released from the Department of Corrections (dangerous mentally ill offenders), clients who have a history of sexual offenses and violent crimes, clients released from Eastern and Western State Hospitals (state hospital outplacements), and clients in need of mental health crisis diversion. The activity provides support services such as counseling/behavioral management, as well as employment and day program services. The Aging and Disability Services Administration (ADSA) contracts with certified residential providers, mental health professionals, and counties to provide these services.

Residential Program

Residential programs for developmentally disabled clients are provided through contracts with private community providers. These support services provide residential care, supervision, habilitation training, therapies, medical and nursing care, and recreation. The public safety proviso allows for funding to provide intensive community residential supports to mentally ill offenders being released from the Department of Corrections, state psychiatric hospitalized clients who are ready for discharge, and individuals who have used crisis diversion bed services.

State Operated Living Alternatives

The State Operated Living Alternatives (SOLA) program is similar to Residential Services, except staffing supports are provided by state employees. The program involves 115 clients living in 34 homes across the state.

Voluntary Placement Program

The Voluntary Placement program for children with developmental disabilities provides services to children who are placed in out-of-home care or who need more intensive in-home care solely because of the child's disability. Children must be under age 18, meet Aging and Disability Services Administration (ADSA) eligibility criteria, and have no issues of abuse and neglect. Services provided in this program include behavioral support, foster care, group care, therapies, community activities for the child, and respite care for providers.

Employment and Day Programs

Employment and day programs for developmentally disabled clients are provided by contract with county governments. Services for children from birth to three years of age include specialized therapeutic and/or educational services. Services for adults, including individuals transitioning from high school to employment, involve promoting training, placement, and follow-up services to help clients obtain and maintain employment in integrated settings. Services also promote personal growth, enabling clients to participate in community activities.

Personal Care

The Personal Care program provides funding for Title XIX personal care for children and adults with developmental disabilities. Personal Care provides assistance to developmentally disabled people in their own homes, licensed adult family homes, and boarding homes. Assistance is provided with supervision for self-care tasks such as bathing, feeding, and dressing.

Family Support Program for Developmentally Disabled Clients

Family Support Services for clients with developmental disabilities are provided by the family in the family home, reducing or eliminating the need for out-of-home residential placement. Examples of services include respite care; attendant care; nursing; specialized equipment and supplies; and therapeutic services such as physical therapy, behavior management, and communication therapy. Funding is also included to meet requirements of the State Supplemental Payment program.

Residential Habilitation Facilities

Residential Habilitation Centers (RHCs) serve developmentally disabled clients with limited self-help skills, serious or anti-social behavior disorders, or serious medical problems. The purpose of RHCs is to provide assessment, treatment, training, habilitative programs, and activities for people who live in this more supportive setting. The five RHCs in Washington provide a full range of habilitative services to help each person achieve and maintain maximum independent functioning and develop the skills necessary to live in a community setting. RHCs also provide diagnostic, evaluation, consultation, emergency, and respite care services.

Other Community Programs

Other Community Programs includes background checks, diversion beds, and crisis intervention services to assist the community in supporting individuals with developmental disabilities experiencing a mental health crisis. The Aging and Disability Services Administration (ADSA) contracts with Regional Support Networks (RSNs), mental health agencies, and ADSA-certified residential providers for diversion beds statewide in an effort to avoid unnecessary state psychiatric hospitalization. ADSA also contracts with RSNs to provide enhanced crisis prevention and intervention services to improve access and appropriateness of mental health services for individuals with developmental disabilities.

HUMAN SERVICES - DSHS

Professional Services

The department contracts for professional services for developmentally disabled clients, including medical and dental services; technical assistance; and therapeutic services such as counseling/behavioral management, and speech, occupational, and physical therapy.

Program 050

DSHS - Long Term Care**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	1,302.4	1,255,372	1,975,438	3,230,810
Total Maintenance Level	1,357.6	1,779,656	1,803,399	3,583,055
Difference	55.2	524,284	(172,039)	352,245
Percent Change from Current Biennium	4.2%	41.8%	(8.7)%	10.9%
Performance Changes				
Reduce Nursing Home Rate for Lowest Acuity Clients #		(9,256)	(9,256)	(18,512)
Reduce Nursing Home Financing Rate #		(12,867)	(12,867)	(25,734)
Delay Nursing Home Rebase #		(7,412)	(7,412)	(14,824)
Reduce Area Agencies on Aging Unit Rate		(1,546)	(1,546)	(3,092)
Reduce Senior Citizens Services Act		(1,160)		(1,160)
Reduce Personal Care Hours		(76,206)	(76,206)	(152,412)
Expand Family Caregiver Diversion		(1,446)	(8,346)	(9,792)
Improve Vulnerable Adults Safety #	23.9	(5,902)	22,123	16,221
Revise Phase-in for Nursing Home Discharge		(4,356)	(4,356)	(8,712)
Reduce Agency Provider Health Benefit #		(19,667)	(19,665)	(39,332)
Reduce Regional Administration	(5.0)	(368)	(488)	(856)
Delay Mandatory Training #	(8.0)	(15,626)	(9,270)	(24,896)
Suspend Plan 1 Uniform COLA #		(1,943)	(1,340)	(3,283)
Subtotal	10.9	(157,755)	(128,629)	(286,384)
Total Proposed Budget	1,368.5	1,621,901	1,674,770	3,296,671
Difference	66.1	366,529	(300,668)	65,861
Percent Change from Current Biennium	5.1%	29.2%	(15.2)%	2.0%
Total Proposed Budget by Activity				
Adult Day Health Community Services		14,341	13,938	28,279
Adult Family Home Community Services		124,170	123,224	247,394
Program Support for Long Term Care	149.2	36,190	36,650	72,840
Eligibility/Case Management Services	826.9	100,454	100,017	200,471
In-Home Services	2.5	745,611	746,195	1,491,806
Investigations/Quality Assurance	398.7	14,808	80,753	95,561
Residential Community Services		103,095	100,962	204,057
Nursing Home Services		465,596	455,395	920,991
Managed Care Services		17,636	17,636	35,272
Total Proposed Budget	1,377.2	1,621,901	1,674,770	3,296,671

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

HUMAN SERVICES - DSHS

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Reduce Nursing Home Rate for Lowest Acuity Clients #

Medicaid clients with the lowest acuity classifications are reimbursed at 50 percent of the Average Direct Care daily rate. This payment change supports the role of nursing homes for serving the most fragile clients. (General Fund-State, General Fund-Federal)

Reduce Nursing Home Financing Rate #

The allowable return on investment in the finance allowance component of the nursing home rate is reduced to 4.0 percent. The percentage of return on investment is set by the state and is adjusted to reflect lowering interest rates for commercial health industry loans. (General Fund-State, General Fund-Federal)

Delay Nursing Home Rebase #

The Department will delay the rebasing of nursing home rates to July 1, 2013 rather than in 2012. Rebasing is the process of using a new, more recent cost report to establish Medicaid payment rates. (General Fund-State, General Fund-Federal)

Reduce Area Agencies on Aging Unit Rate

The monthly rate paid to the Area Agencies on Aging (AAA) is reduced by 3 percent for each home managed for Medicaid clients. Core service contract management performed by AAAs will also be reduced by 3 percent. The client caseload ratio will increase from 1:70 to 1:72 as a result of this reduction. (General Fund-State, General Fund-Federal)

Reduce Senior Citizens Services Act

Reductions are made to the Senior Citizens Services Act (SCSA). Through Area Agencies on Aging (AAAs), SCSA funds are used to pay for services that delay entry into Medicaid and enable people to live in their homes as long as possible. Services affected include case management, transportation, bathing assistance, minor home repair, foot care, and senior meals.

Reduce Personal Care Hours

Personal Care provides assistance with daily living activities to individuals who meet functional and financial eligibility. An average 10 percent acuity-based reduction is made to personal care service hours for adult clients receiving in-home personal care under Medicaid programs. The actual reduction will range between 6 percent and 18 percent per client depending on acuity. (General Fund-State, General Fund-Federal)

Expand Family Caregiver Diversion

Investments are made in the Family Caregiver Support Program (FCSP), including specialized caregiver support for people with Alzheimer's disease. The FCSP is a service available to unpaid caregivers of adults who need care. Providing these caregivers with information and connecting them to other resources helps clients remain in their homes and delays entry into more costly long-term care services. (General Fund-State, General Fund-Private/Local)

Improve Vulnerable Adults Safety #

Funding is provided to ensure adequate levels of community protection in adult family homes, boarding homes and nursing homes. The entire cost of oversight and licensure will be included in the license fees for these community settings, eliminating any general fund subsidy. (General Fund-State, General Fund-Private/Local, General Fund-Federal)

Revise Phase-in for Nursing Home Discharge

Funding is reduced to reflect the placement of more nursing home clients than anticipated into community settings. (General Fund-State, General Fund-Federal)

Reduce Agency Provider Health Benefit #

The Developmental Disabilities Division will reform the way health benefits are purchased for agency providers who serve Medicaid clients. (General Fund-State, General Fund-Federal)

Reduce Regional Administration

The Department of Social and Health Services is consolidating its regional structure from six to three for all programs across the state. (General Fund-State, General Fund-Federal)

Delay Mandatory Training #

Improvements in mandatory training and certification requirements for long-term care workers are delayed until the 2013-15 biennium. No clients will lose service as a result of this delay. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Adult Day Health Community Services

Adult Day Health services include rehabilitative therapies to help participants become more self-sufficient, and counseling and support to families caring for a mentally, physically, socially, and/or emotionally impaired family member. Services are intended to delay or prevent entrance, or reduce the length of a stay in 24-hour care settings. Clients meet Medicaid-eligible criteria and have a skilled nursing or rehabilitation need, as determined by a doctor. On a quarterly basis, case managers review eligibility and ongoing need for services, which are provided by contract with local providers or through Area Agencies on Aging (AAAs) that subcontract with local providers. Approximately 2,000 clients receive Adult Day Health services each year.

Adult Family Home Community Services

A broad range of Aging and Disability Services Administration (ADSA) clientele is served in adult family homes (AFH), private homes that may serve up to six residents. Some AFHs serve primarily higher functioning residents, while other homes specialize in serving individuals with dementia, developmental disabilities, or mental illnesses. AFHs whose provider is a professional nurse will frequently provide limited nursing care for individuals with more complex nursing and medical needs. AFHs may also serve vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. Clients residing in adult family homes meet the financial and functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPES (Community Options Program Entry System) program. ADSA contracts for care for approximately 4,100 clients each year who receive room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and social services.

Program Support for Long Term Care

Administrative staff develop specific services and agency policy for both Area Agencies on Aging (AAAs) and Aging and Disability Services Administration (ADSA) field staff. Other administrative staff provide technical assistance such as accounting and budget, contract management, and computer support for the administration. Forecast and data analysis and the determination and publication of rates for nursing homes, adult family homes, and boarding homes are also provided. Staff process and manage payments for vendors and employees, and collect and report program data to both internal and external customers. Staff perform fiscal and administrative monitoring and evaluation of programs and general administrative functions for other activities.

HUMAN SERVICES - DSHS

Eligibility/Case Management Services

The Aging and Disability Services Administration (ADSA) Home and Community Services (HCS) Division determines client eligibility based on both functional and financial criteria for all long-term care programs. It provides information and referral services, nursing home and community residential placement, and ongoing case management for clients served in community residential settings. Area Agencies on Aging provide ongoing case management for clients served in their own homes. Case management consists of assessing and reassessing eligibility, updating and monitoring a plan of care, coordinating non-department services in response to a client's need, responding to emergencies and status changes, and providing any additional assistance a client may need to remain in his/her home.

In-Home Services

The Aging and Disability Services Administration (ADSA) contracts for care in a client's home with agency or individual providers to enable individuals to remain at home. Clients receive assistance with activities of daily living such as personal hygiene, toileting, bathing, dressing, cooking, and eating. They also receive assistance from the provider for completing household tasks such as shopping, laundry, and housework. Additional services may include assistance with medications or transportation to medical appointments, home-delivered meals, adult day care, environmental modifications, special medical equipment, and skilled nursing care. Over 29,000 clients receive in-home services each year.

Private Duty Nursing Services provide nursing care to approximately 75 Medicaid clients over age 18 who otherwise would be institutionalized. To be eligible, the client must require at least four hours per day of continuous skilled nursing care.

The Elderly Nutrition Program supplements the Older Americans Act nutrition program with U.S. Department of Agriculture case payments in lieu of commodities. Senior Farmers' Market Nutrition is a federal grant to provide fresh, nutritious, unprepared fruits and vegetables to low-income senior citizens from farmers' markets and other community supported agriculture.

Investigations/Quality Assurance

The Aging and Disability Services Administration (ADSA) verifies and ensures that licensed facilities, staff, and others who come in contact with vulnerable adults are providing appropriate services and quality care. The administration accomplishes this through reviewing case management work, surveying and certifying nursing homes, licensing adult family homes and boarding homes, and monitoring the quality of service provided in facilities where out-of-home placements are made. Staff investigate over 8,800 nursing home, adult family home, and boarding home complaints each year. Adult Protective Services investigates reports of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults who live in their own homes. Payment authorizations are examined to ensure compliance with federal and state laws, and to identify incorrect client eligibility determination and payment errors. Contract oversight and monitoring of home care agencies and other providers of services to in-home clients are provided through the Area Agencies on Aging.

Residential Community Services

The Aging and Disability Services Administration (ADSA) contracts with licensed boarding homes for Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), and Assisted Living services. Approximately 1,700 ARC and EARC clients each year receive room and board and assistance with medications and personal care. Some residents may receive limited nursing services, limited supervision, and specialized dementia care, as provided by contracted facilities. Clients living in ARC facilities meet the functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPES (Community Options Program Entry System) program. ARCs work with clients who have mental illnesses and vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. EARC facilities provide clients who are receiving services from the COPES program limited nursing services, in addition to assistance with personal care tasks and supervision. Assisted Living services are provided each year to approximately 4,300 clients in private apartments. Services are available 24 hours a day and include assistance with activities of daily living, limited nursing and supervision, and housekeeping. Clients living in assisted living facilities meet the financial and functional eligibility for the COPES program. These facilities generally do not admit or retain individuals with more complex nursing/medical needs, or individuals with significant care needs related to dementia or difficult to manage behavior.

Nursing Home Services

The Department of Social and Health Services provides nursing facility health care to approximately 10,700 Medicaid-eligible persons who need post-hospital recuperative care, require nursing services, or have chronic disabilities necessitating long-term habilitation and/or medical services. Nursing homes provide 24-hour supervised nursing care, personal care, therapy, and supervised nutrition. The program also gives cash assistance to persons leaving nursing homes to help re-establish them in independent living.

Managed Care Services

The Aging and Disability Services Administration (ADSA) contracts with a vendor to provide managed care services that include medical care, long-term care services, substance abuse treatment and mental health treatment under one service package and capitated payment per member per month. These programs help clients remain in the community for as long as possible by providing comprehensive health and social services to meet the unique needs of each client. Current contracts are for the Program of All-Inclusive Care for the Elderly (PACE) and the Washington Medicaid Integration Partnership (WMIP). The vendors assume all financial responsibility for medical expenses associated with meeting a client's needs for as long as the client remains enrolled in the program, which for most is the remainder of their lives.

Program 060

DSHS - Economic Services Administration**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	4,191.1	1,145,701	1,279,984	2,425,685
Total Maintenance Level	4,240.5	1,254,508	1,100,750	2,355,258
Difference	49.4	108,807	(179,234)	(70,427)
Percent Change from Current Biennium	1.2%	9.5%	(14.0)%	(2.9)%
Performance Changes				
Eliminate State Funded Naturalization		(5,684)		(5,684)
Eliminate State Food Assistance	(14.2)	(60,566)		(60,566)
Eliminate Child Support Pass Through #		(18,776)	(18,776)	(37,552)
Eliminate IRS Re-Distribution		(6,274)	(6,276)	(12,550)
Reduce Disability Lifeline Grant		(50,361)		(50,361)
Eliminate Refugee Employment Services	(4.0)	(10,006)		(10,006)
Eliminate Disability Lifeline-Unemployable #		(129,740)		(129,740)
Reduce Regional Administration	(3.0)	(284)	(294)	(578)
Health Care Consolidation #	365.0	5,188	87,150	92,338
Reduce Administrative Costs	(9.0)	(2,941)	(1,479)	(4,420)
Suspend Plan 1 Uniform COLA #		(3,639)	(5,140)	(8,779)
Subtotal	334.8	(283,083)	55,185	(227,898)
Total Proposed Budget	4,575.3	971,425	1,155,935	2,127,360
Difference	384.2	(174,276)	(124,049)	(298,325)
Percent Change from Current Biennium	9.2%	(15.2)%	(9.7)%	(12.3)%
Total Proposed Budget by Activity				
Automated Client Eligibility Systems (ACES)	40.0	25,175	25,785	50,960
Child Support Enforcement	1,281.1	85,404	203,735	289,139
Child Support Recoveries		(76,968)	(76,970)	(153,938)
Consolidated Emergency Assistance (CEAP)	2.0	486		486
Diversion Cash Assistance (DCA)	(3.7)	25,850		25,850
Employment Support Services: Refugees	23.8	9,434	24,572	34,006
Food Stamp Administration	717.0	39,937	57,396	97,333
General Assistance - Interim SSI (GA-U/X)	236.8	76,561	(2,010)	74,551
Immigrant State Food Assistance	8.8	2,880	(1,712)	1,168
Income Assistance: Repatriated U.S. Citizens			120	120
Medical Eligibility Determination Services	1,277.3	60,199	124,764	184,963
Other Client Services		22,442	6,733	29,175
Program Support	38.7	99,299	112,792	212,091
Refugee Assistance Income	.3	(10,006)	7,095	(2,911)
Supplemental Security Income Payments		38,052		38,052
Temporary Assistance to Needy Families (TANF)	286.4	260,924	283,752	544,676
WorkFirst Employment and Training	421.3	77,616	160,080	237,696

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Working Connections Child Care Program	290.1	232,893	229,051	461,944
Office of Financial Recovery	2.5	1,247	752	1,999
Total Proposed Budget	4,622.2	971,425	1,155,935	2,127,360

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Eliminate State Funded Naturalization

The Naturalization Program, which provides services that prepare low-income refugees and legal immigrants for U.S. citizenship testing, is eliminated.

Eliminate State Food Assistance

The State Food Assistance Program is eliminated. New Funding is provided to the Department of Agriculture for additional food bank resources.

Eliminate Child Support Pass Through #

Legislation is proposed to repeal a state law authorized under the Federal Deficit Reduction Act (DRA) of 2005 that provides for child support pass-through payments to families. Repeal of this provision will result in savings in the 2011-13 biennium. (General Fund-State, General Fund-Federal)

Eliminate IRS Re-Distribution

The Federal Deficit Reduction Act (DRA) of 2005 allows states to distribute child support collections made through federal tax intercepts to families. Repeal of this option will result in savings in the 2011-13 biennium. (General Fund-State, General Fund-Federal)

Reduce Disability Lifeline Grant

The Economic Services Administration will reduce the average Disability Lifeline monthly grant for all Disability Lifeline clients. This grant reduction includes clients in the unemployable, aged, blind, disabled, and expedited programs.

Eliminate Refugee Employment Services

Washington State has expanded services to refugees beyond those that receive Federal reimbursement. This item eliminates the State subsidy for the program. Services include employment placement assistance, English as a Second Language training, job skills training, job search workshops, and job retention services.

Eliminate Disability Lifeline-Unemployable #

The Disability Lifeline Assistance Unemployable Program, which provides cash grants to adults, is eliminated. Disability Assistance-Expedited Medicaid grants will continue for individuals with pending applications for federal Supplemental Security Income. Grants for individuals on the Disability Lifeline Aged, Blind, and Disabled program will also continue.

Reduce Regional Administration

The Department of Social and Health Services is consolidating the regional structure from 6 to 3 for all programs across the state. (General Fund-State, General Fund-Federal)

Health Care Consolidation #

The Medicaid Purchasing Administration (MPA) is transferred out of the Department of Social and Health Services and merged into the Health Care Authority, effective July 1, 2011. It is the first step toward the more effective definition and consolidation of health care purchasing resources, with the goal of maximizing resources to maintain healthy populations. (General Fund-State, General Fund-Federal, General Fund-Private/Local, Emergency Medical Services and Trauma Care Systems Trust Account, Hospital Safety Net Assessment Account)

Reduce Administrative Costs

Economic Services Administration will achieve savings from administrative reductions. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Automated Client Eligibility Systems (ACES)

This activity includes the Automated Client Eligibility System (ACES) project, which automated the eligibility determination and case maintenance process for all assistance programs, including Temporary Assistance for Needy Families (TANF), food stamps, medical assistance, and WorkFirst.

Child Support Enforcement

The Division of Child Support (DCS) Field Operations is responsible for providing direct child support client services. DCS receives federal incentive payments for paternity establishment, order establishment, current support paid, cases paying towards arrears, and cost effectiveness. Field Operations staff work collaboratively with the county prosecuting attorney, county clerk, and county court commissioner offices. County Legal Operations consists of county prosecuting attorney staff, county clerk staff, court commissioners, and the King County Sheriff. Central Field Operations staff provide direct centralized support to DCS field staff and customers, including the receipt and distribution of over \$50 million each month in child support payments; reconciliation of child support collection bank accounts; case file imaging; and information technology planning, implementation, and maintenance. Direct client support activities include Internal Revenue Service intercept support, passport revocation reversal, child support payment review, and assistance with the receipt and distribution of child support. Management and Administration provides division-wide leadership, operational support, policy development, risk assessment and mitigation, mandated audits, reports and statistical analyses, constituent relations, and communications. Additional activities are financial services, contracts management, procurement, human resources, and facilities management.

Child Support Recoveries

The Division of Child Support anticipates collections of over \$1.2 billion in child support in the 2003-05 Biennium. The amounts shown are the portions collected on Temporary Assistance for Needy Families (TANF) and former TANF cases that are retained by the state.

Consolidated Emergency Assistance (CEAP)

The Consolidated Emergency Assistance Program (CEAP) gives cash grants to needy families who are not eligible for other programs and have a specific emergent need, such as shelter, food, clothing, minor medical, household maintenance, or job-related transportation. CEAP may be granted only one month in any consecutive 12-month period. The FTEs shown here are the percentage associated with the CEAP caseload.

Diversion Cash Assistance (DCA)

Diversion Cash Assistance (DCA) provides one-time financial assistance to TANF-eligible families to allow them to accept or maintain employment. These services assist clients in not developing long-term dependence on TANF assistance. The FTE staff shown here are the percentage associated with the DCA caseload base.

HUMAN SERVICES - DSHS

Employment Support Services: Refugees

The primary goal of the Refugee Assistance program is to promote the economic self-sufficiency of refugees and limited English speaking clients through effective use of social services, and financial and medical assistance. Refugees are persons fleeing persecution due to race, nationality, political opinion, religion, or membership in a particular group, and they must meet low-income financial criteria to qualify for services. The federal funding portion of employment services is limited to the first five years after entering the United States. Services include case management, employment assistance, English training, skills training, preventive mental health and cultural adaptation, community development and technical assistance, volunteer services, and social services. The FTE staff shown here are the percentage associated with case management of the Refugee Assistance program.

Food Stamp Administration

This activity includes FTE staff and funding associated with determining eligibility for and case management of federal food stamp benefits.

General Assistance - Interim SSI (GA-U/X)

General Assistance-Unemployable (GA-U) and General Assistance-Interim SSI (GA-U/X) provide cash grants to low-income individuals and childless couples whose physical, mental, or emotional illness prevents them from working, and who may be ineligible or have applied for Supplemental Security Income (SSI). GA-U provides cash assistance for low-income adults who are unemployable based on a medical impairment. GA-X has the same financial eligibility requirements and provides the same cash assistance as GA-U. However, because the client appears to meet SSI disability criteria and the medical condition will prevent employment for at least 12 consecutive months, GA-X recipients are eligible for Medicaid health coverage. The department requires and helps GA-X recipients apply for SSI benefits.

Immigrant State Food Assistance

The Immigrant State Food Assistance Program (FAP) provides food assistance for legal immigrants who are no longer eligible for federal food assistance. Benefits are issued through the Electronic Benefits Transfer (EBT) system that can be used at participating grocery stores. The value of the benefit is determined by the size of the household, as well as the net income of the assistance unit. The FTE staff shown here are the percentage associated with FAP.

Income Assistance: Repatriated U.S. Citizens

The United States Repatriate Program provides temporary assistance to United States citizens and/or their dependents returning to the United States because of destitution, mental or physical illness, or international crisis. This program is federally funded.

Medical Eligibility Determination Services

These FTE staff and the funding are associated with determining eligibility and case management of medical programs.

Other Client Services

Other Client Services includes incapacity examinations, Supplemental Security Income (SSI) consultative evaluations, interpretative services, and naturalization services that are provided directly to clients.

Program Support

Program Support encompasses the people and infrastructure that support all of the grant and employment services which are part of the Economic Services Administration. Funding provides staff, building, and supply costs for operating programs statewide including Regional Administration activities. This activity includes funding for Basic Food Education and Outreach, Nutrition Education, and Basic Food Employment and Training programs, as well as the WorkFirst evaluation, child care database, and child care research projects. The FTEs shown here represent that portion that was not attributed to a specific program area.

Refugee Assistance Income

Refugee Assistance provides cash grants to needy refugees who have settled in Washington State to help them become self-sufficient. The population served by this benefit are refugees authorized by the U.S. State Department to immigrate into the country and are granted permanent residence. Client need is determined by comparing the family's income to a payment standard. The FTE staff shown here are the percentage associated with the cash grants portion of the Refugee Assistance program.

Supplemental Security Income Payments

Based on legislative changes for Fiscal Year 2003, program dollars have been reduced to reflect the serving of a different client population. Within this change, the Legislature directed the Economic Services Administration to pay supplemental state payments to Mandatory Income Level (MIL) clients and individuals with a spouse ineligible for Supplemental Security Insurance. For Fiscal Year 2003, an average monthly caseload of 5,000 was assumed.

Temporary Assistance to Needy Families (TANF)

TANF grants provide monthly cash assistance to needy families with children and to low-income pregnant women. Eligibility is determined by comparing the family's countable income to the grant payment standard for the applicant's household size. Funding for the program is shared by state and federal governments. The FTE staff shown here are the percentage associated with the TANF caseload.

WorkFirst Employment and Training

The WorkFirst Employment program offers job search, subsidized employment, post-job search employability evaluation, job readiness training, basic education, career counseling, and non-salaried work experience to TANF-eligible clients. The program also provides support for vocational education once a client is working 20 hours per week. This federally mandated program is designed to move clients from public assistance to permanent self-sufficiency. The FTE staff shown here are the percentage associated with case management functions of WorkFirst employment and training programs.

Working Connections Child Care Program

The Working Connections Child Care (WCCC) program provides payments for child care services to all Temporary Assistance for Needy Families (TANF) clients, WorkFirst participants, and non-TANF, low-income parents who participate in employment, work activities, and training. Child care assistance allows low-income families to attain and maintain self-sufficiency. The state partially subsidizes child care for families with seasonal employment, as well as homeless and teen parent populations. Also included in this activity is funding for the Early Childhood Education and Assistance Program (ECEAP).

Office of Financial Recovery

The Office of Financial Recovery (OFR) serves as a centralized collection office for funds owed to Department of Social and Health Services programs. OFR recovers revenues, collects overpayments, and bills and collects fees in the following eleven major collection programs: Medicaid Drug Rebate, Developmental Disabilities, Vendor Overpayments, Mental Health, Supplemental Security Income, Estate Recovery, Client Overpayments, Food Assistance Overpayments, Medical Premiums, Juvenile Rehabilitation, and Time Loss. Additionally, OFR is responsible for billing and collecting licensing fees for the Department of Early Learning's child care program.

HUMAN SERVICES - DSHS

Program 070

DSHS - Alcohol And Substance Abuse**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	86.3	164,375	169,951	334,326
Total Maintenance Level	84.3	181,059	143,402	324,461
Difference	(2.0)	16,684	(26,549)	(9,865)
Percent Change from Current Biennium	(2.3)%	10.1%	(15.6)%	(3.0)%
Performance Changes				
Reduce Chemical Dependency Services		(14,105)		(14,105)
Reduce Regional Administration	(3.0)	(330)	(170)	(500)
Reduce Administrative Staff	(5.0)	(480)	(274)	(754)
Increase License and Certification Fee		(1,454)	1,454	
Reduce Tribal Administrative Costs		(61)		(61)
Suspend Plan 1 Uniform COLA #		(179)	(38)	(217)
Subtotal	(8.0)	(16,609)	972	(15,637)
Total Proposed Budget	76.3	164,450	144,374	308,824
Difference	(10.0)	75	(25,577)	(25,502)
Percent Change from Current Biennium	(11.6)%	0.0%	(15.0)%	(7.6)%
Total Proposed Budget by Activity				
Chemical Dependency Prevention Services	6.0	740	18,265	19,005
Community Based Drug and Alcohol Treatment Services	13.5	96,958	61,832	158,790
DASA Administration	29.8	4,041	14,670	18,711
Residential Drug and Alcohol Treatment Services	8.0	48,943	36,280	85,223
Support Services for Clients Receiving Drug and Alcohol Treatment	19.0	13,768	13,327	27,095
Total Proposed Budget	76.3	164,450	144,374	308,824

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**Reduce Chemical Dependency Services**

Funding is reduced for outpatient and residential chemical dependency services to an estimated 2,800 clients. Funding from the Substance Abuse and Prevention (SAPT) block grant is reallocated from residential services to offset the General Fund-State reductions to outpatient and detoxification services. The Department will amend contract language to require counties to maintain chemical dependency assessments, outpatient treatment, opiate and detoxification services for pregnant and parenting women, Medicaid and low-income clients.

Reduce Regional Administration

The Department of Social and Health Services is consolidating its regional structure from six to three for all programs across the state. (General Fund-State, General Fund-Federal)

HUMAN SERVICES - DSHS

Reduce Administrative Staff

Five administrative staff positions are eliminated. (General Fund-State, General Fund-Federal)

Increase License and Certification Fee

The Department will establish licensing and certification fees at an amount adequate to reimburse costs for its licensing, certification, and regulation activities for approved chemical dependency treatment programs and licensed community mental health providers. (General Fund-State, General Fund-Federal)

Reduce Tribal Administrative Costs

State support for tribal administration expenses is reduced from a maximum of 10 percent to eight percent per year.

ACTIVITY DESCRIPTIONS

Chemical Dependency Prevention Services

Prevention Services are contracted by the Division of Alcohol and Substance Abuse (DASA) through counties, the Office of the Superintendent of Public Instruction, or with community-based providers. Prevention Services are designed to prevent or reduce the misuse and abuse of alcohol, tobacco, and other drugs.

Community Based Drug and Alcohol Treatment Services

County-managed services are community-based, non-residential treatment services. The Division of Alcohol and Substance Abuse (DASA) contracts directly with counties and tribes for outpatient treatment services. Counties, in turn, contract with the provider networks in their communities. Services include, but are not limited to, assessment, outpatient treatment, triage services including non-hospital detoxification services, outreach, intervention, referral, and opiate substitution treatment. To the extent that clients are Medicaid-eligible, the counties use Medicaid matching funds to maximize available services.

DASA Administration

The Alcohol and Substance Abuse Program helps people avoid and recover from alcoholism and drug addiction. Through a statewide network of prevention, public education, treatment, and support services, the program provides people with the tools necessary to establish and maintain alcohol and drug-free lifestyles. Program Support provides the administrative support for alcohol and substance abuse services. Activities include statewide program development, strategic planning, information system management, personnel, budget oversight, and research and evaluation.

Residential Drug and Alcohol Treatment Services

Residential treatment services are contracted directly by the Division of Alcohol and Substance Abuse (DASA) and are designed to provide indigent, low-income individuals and their families, who are experiencing a range of abuse and addiction problems, with a continuum of certified treatment services. Services are designed to address the gender, age, culture, ethnicity, and sexual orientation of individuals and their families, with the goals of abstinence from alcohol and other drugs and reducing the harmful effects of these substances on people's lives. Residential services include adult intensive inpatient treatment; long-term, recovery house, involuntary treatment; and youth and pregnant/postpartum treatment.

Support Services for Clients Receiving Drug and Alcohol Treatment

Support Services assists clients in treatment, or their dependents. Support services are contracted directly by the Division of Alcohol and Substance Abuse (DASA) and include special programs for youth and pregnant/postpartum women, Fetal Alcohol Syndrome, counselor training, interpreter services, childcare, Native American government-to-government contracts, and the Treatment Accountability for Safe Communities (TASC).

Program 080

DSHS - Medical Assistance Payments**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	1,167.2	3,487,176	6,407,262	9,894,438
Total Maintenance Level	1,125.3	5,046,866	6,409,227	11,456,093
Difference	(41.9)	1,559,690	1,965	1,561,655
Percent Change from Current Biennium	(3.6)%	44.7%	0.0%	15.8%
Performance Changes				
Eliminate Medical Interpreter Services Subsidy	(2.2)	(10,789)	(19,819)	(30,608)
Eliminate School Based Service Delivery	(.4)	(10,953)	(10,315)	(21,268)
Eliminate Medicare Part D Co-pay Subsidy	(.1)	(16,410)	(39)	(16,449)
Eliminate Podiatric Physician Reimbursement		(1,987)	(1,957)	(3,944)
Eliminate Children Health Program #	(.6)	(58,969)	(34)	(59,003)
Reduce Adult Non-emergent Dental Services		(26,288)	(26,014)	(52,302)
Eliminate Disability Lifeline Medical Services	(.2)	(147,573)	(145,613)	(293,186)
Federally Qualified Health Clinic Reimbursement Method Change		(85,083)	(86,573)	(171,656)
Reduce Healthy Options Administrative Payment		(10,000)	(10,000)	(20,000)
Reduce Maternity Support Services Program		(21,907)	(21,042)	(42,949)
Tobacco Cessation Funding		4,899	(4,899)	
Health Information Technology Implementation	9.0	224	1,928	2,152
ProviderOne Implement-Phase 2	50.0	6,266	21,730	27,996
Program Integrity	10.0	(39,774)	(39,583)	(79,357)
Medicaid Airlift Services Support Payment Program			5,854	5,854
Health Care Consolidation #	(1,190.8)	(4,627,681)	(6,071,142)	(10,698,823)
Suspend Plan 1 Uniform COLA #		(841)	(1,709)	(2,550)
Subtotal	(1,125.3)	(5,046,866)	(6,409,227)	(11,456,093)
Total Proposed Budget				
Difference	(1,167.2)	(3,487,176)	(6,407,262)	(9,894,438)
Percent Change from Current Biennium	(100.0)%	(100.0)%	(100.0)%	(100.0)%

Total Proposed Budget by Activity

Administrative Costs	
Disproportionate Share Hospital/Proshare	
Mandatory Medicaid Program for Children and Families	
Medicaid for Optional Children	(.1)
Medicaid Program for Aged, Blind and Disabled	
Medical Care for General Assistance Unemployable and ADATSA	
Optional Health Benefits: Dental, Vision, and Hearing	
Optional Health Care for Workers with Disability	
SCHIP	.1

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Special Programs				
Total Proposed Budget				

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Eliminate Medical Interpreter Services Subsidy

The state subsidy paid to cover the cost of interpreter services offered by medical providers to communicate with Medicaid clients whose primary language is not English is eliminated. (General Fund-State, General Fund-Federal)

Eliminate School Based Service Delivery

The state will no longer reimburse school districts for medical services provided to Medicaid-eligible children, whose Individual Education Plans require medical service as directed by the Individuals with Disabilities Education Act. (General Fund-State, General Fund-Federal)

Eliminate Medicare Part D Co-pay Subsidy

The state is discontinuing the reimbursement of co-payments for prescription drug purchases made by qualifying dually eligible Medicare/Medicaid clients in the Medicare Part D program. (General Fund-State, General Fund-Federal, Tobacco Prevention and Control Account-State)

Eliminate Podiatric Physician Reimbursement

The state Medicaid plan will no longer reimburse for services provided by podiatric physicians. (General Fund-State, General Fund-Federal)

Eliminate Children Health Program #

The Children's Health Program is eliminated. (General Fund-State, General Fund-Federal)

Reduce Adult Non-emergent Dental Services

The state Medicaid Plan will no longer cover preventative and restorative dental care for non-disabled, non-pregnant adult clients. (General Fund-State, General Fund-Federal)

Eliminate Disability Lifeline Medical Services

Medical services provided for clients enrolled in the Disability Lifeline and Alcoholism and Drug Abuse Treatment Support (ADATSA) programs are discontinued. (General Fund-State, General Fund-Federal).

Federally Qualified Health Clinic Reimbursement Method Change

Federal law requires FQHCs to be paid for their cost for providing medical services to Medicaid clients per visit (or encounter). The encounter rate paid to FQHCs is in addition to their fee-for-service payments. In 2009-11, the state moved to an alternate methodology to determine the encounter payment level. Effective January 1, 2011, the state will return to using the prospective payment system, established in the federal Medicaid statute, to determine the encounter rate. (General Fund-State, General Fund-Federal).

Reduce Healthy Options Administrative Payment

The administrative add-on to Healthy Options premiums is reduced by 0.5 percent beginning January 1, 2011. (General Fund-State, General Fund-Federal).

Reduce Maternity Support Services Program

Services provided for pregnant women at risk of unhealthy birth outcomes are reduced by 50 percent. Services will continue to be targeted to pregnant women with the highest risk of poor birth outcomes. (General Fund-State, General Fund-Federal)

Tobacco Cessation Funding

Funding for the Medicaid smoking cessation benefit is moved from the Tobacco Prevention and Control Account into the General Fund. (General Fund-State, Tobacco Prevention and Control Account-State)

Health Information Technology Implementation

The Medicaid Purchasing Administration (MPA) is provided 9.0 FTE staff and \$2,152,000 in the 2011-13 biennium to manage the provider incentive program and other initiatives related to the Health Information Technology Medicaid plan. The Legislature already provided the FTE staff and funding in the 2010 supplemental budget to support the planning and implementation phases. (General Fund-State, General Fund-Federal)

ProviderOne Implement-Phase 2

The Department is provided 50.0 FTE staff to support system vendor services and consulting services that are needed to complete the second and third phases of the ProviderOne project. (General Fund-State, General Fund-Federal)

Program Integrity

The Medicaid Purchasing Administration (MPA) is provided 10.0 FTE staff to improve the review and oversight of Medicaid and other programs implemented by MPA. Additional resources are provided to respond to increasing federal and state focus on avoiding fraud and abuse, and to seek coverage or recovery from other medical payers. (General Fund-State, General Fund-Federal)

Medicaid Airlift Services Support Payment Program

The Department is provided \$5,854,000 in the 2011-13 biennium to support Airlift Northwest, a transportation organization owned by the University of Washington that provides medical airlift services to Washington State hospitals. (General Fund-Federal, General Fund-Private/Local)

Health Care Consolidation #

The Medicaid Purchasing Administration (MPA) is transferred out of the Department of Social and Health Services and merged into the Health Care Authority, effective July 1, 2011. This transfer focuses on the medical services provided by MPA. It is the first step toward the more effective definition and consolidation of health care purchasing resources, with the goal of maximizing resources to maintain healthy populations. (General Fund-State, General Fund-Federal, General Fund-Private/Local, Emergency Medical Services and Trauma Care Systems Trust Account, Hospital Safety Net Assessment Account)

ACTIVITY DESCRIPTIONS

Administrative Costs

This activity reflects both the Division of Disability Determination Services and the Medical Assistance Administration's (MAA's) operating costs across all activities. (Health Services Account-State)

HUMAN SERVICES - DSHS

Disproportionate Share Hospital/Proshare

Congress established the Disproportionate Share Hospital (DSH) program to ensure continued operation of those hospitals most heavily impacted by charity and Medicaid caseloads. The Department of Social and Health Services operates DSH and several intergovernmental transfer (IGT) and refinancing programs to maximize federal revenue. In the 1999-01 Biennium, the state opted to expand the IGT programs to include public hospital district nursing homes, and further maximize federal revenue using IGTs with the University of Washington and Harborview Medical Center. In prior biennia, participating hospitals and nursing facilities throughout the state have been allowed to keep a percentage of the revenue earned through some of these programs.

Mandatory Medicaid Program for Children and Families

Mandatory clients of this program are families and children eligible to receive Temporary Assistance to Needy Families (TANF); families and individuals terminated from TANF because they have increased earnings or hours of employment or Social Security Disability Insurance income; individuals who are ineligible for TANF because of requirements that do not apply to Medicaid; eligible pregnant women and their newborns; individuals receiving Social Security Income or those eligible to receive mandatory state supplements; and children in foster care or adoption support. Mandatory Medicaid services for eligible clients include inpatient and outpatient hospital care, rural health clinic services, laboratory and X-ray services, nursing home services for clients 21 years or older (other than those in mental hospitals or institutions for the developmentally disabled), EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) health care program for children, family planning, physician care, and home health.

Medicaid for Optional Children

Medicaid services are provided to those children who do not qualify under the federal mandatory guidelines, but live in families with incomes less than 200 percent of the federal poverty level. (Health Services Account-State)

Medicaid Program for Aged, Blind and Disabled

Medically Needy (MN) is a federally and state-funded Medicaid program for aged, blind, or disabled individuals with incomes above \$571 per month and/or resources above \$2,000. Clients with income in excess of this limit are required to spend down excess income before medical benefits can be authorized. (Health Services Account)

Medical Care for General Assistance Unemployable and ADATSA

General Assistance-Unemployable (GA-U) is a state-funded program that provides limited medical care to persons who are physically and/or mentally incapacitated and unemployable for more than 90 days. Limited medical care is also provided to people participating in the state-funded Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program which provides cash and/or medical benefits, treatment, and support for persons who are unemployed due to drug or alcohol abuse. (Health Services Account)

Optional Health Benefits: Dental, Vision, and Hearing

Federal regulations allow states to cover optional services such as hearing, dental, and vision care under Medicaid, as long as those services are listed in the state plan.

Optional Health Care for Workers with Disability

This program provides the Medicaid benefit package to Washington residents who are between ages 16 through 64, meet federal disability requirements, are employed (including self-employment) full or part-time, and have monthly gross income at or below 450 percent of the federal poverty level. (Health Services Account-State)

SCHIP

The State Children's Health Insurance Program (SCHIP) currently provides health coverage to about 12,000 children up to age 19, who live in households with income between 200 and 250 percent of the federal poverty level. (Health Services Account-State)

Special Programs

This activity includes family planning and pass-through dollars to school health services, school districts, Indian nations, etc. (Health Services Account-State)

Program 100

DSHS - Vocational Rehabilitation**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	322.6	20,404	113,937	134,341
Total Maintenance Level	322.1	25,929	112,277	138,206
Difference	(.5)	5,525	(1,660)	3,865
Percent Change from Current Biennium	(0.2)%	27.1%	(1.5)%	2.9%
Performance Changes				
Eliminate Service Center Funding			480	480
Reduce Basic Support Grant		(2,479)	(9,160)	(11,639)
Suspend Plan 1 Uniform COLA #		(674)	(4)	(678)
Subtotal		(3,153)	(8,684)	(11,837)
Total Proposed Budget	322.1	22,776	103,593	126,369
Difference	(.5)	2,372	(10,344)	(7,972)
Percent Change from Current Biennium	(0.2)%	11.6%	(9.1)%	(5.9)%
Total Proposed Budget by Activity				
Office of Deaf and Hard of Hearing	2.0	(4)	1,986	1,982
Vocational Rehabilitation Projects and Grants		8	112	120
Vocational Rehabilitation Administration	4.9	1,228	1,617	2,845
Vocational Rehabilitation Counseling and Guidance	295.3	14,498	46,164	60,662
Vocational Rehabilitation Direct Client Services	20.0	7,046	53,714	60,760
Total Proposed Budget	322.1	22,776	103,593	126,369

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**Eliminate Service Center Funding**

General Fund-State funding for the Deaf-Blind Service Center is eliminated. Funding will be provided from the Telecommunications Devices for the Hearing and Speech Impaired Account and administered by the Office of Deaf and Hard of Hearing. (Telecommunications Devices for the Hearing and Speech Impaired Account-State)

Reduce Basic Support Grant

Across-the-board reductions are made to the Division of Vocational Rehabilitation. The General Fund-State reduction will reduce expenditures used to generate federal match dollars for the Basic Support Grant. The division will still satisfy federal maintenance of effort requirements. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

HUMAN SERVICES - DSHS

ACTIVITY DESCRIPTIONS

Office of Deaf and Hard of Hearing

The Office of the Deaf and Hard of Hearing (ODHH) provides services to the deaf, hard of hearing, and deaf-blind communities. ODHH contracts with seven community service centers around the state to provide advocacy, sign language interpreter information, workshops, information and referral, counseling, outreach, and support services to clients and their families. In addition to the budgeted dollars shown here, this activity also is supported by an additional \$10.8 million each biennium in nonbudgeted funds to provide telecommunication relay services, equipment distribution, and other telecommunication technology. This activity was transferred to the Division of Vocational Rehabilitation. (Telecommunication Devices for the Hearing and Speech Impaired Account)

Vocational Rehabilitation Projects and Grants

The Vocational Rehabilitation Division receives discretionary grant funding for in-service training, which allows for comprehensive personnel development.

Vocational Rehabilitation Administration

The performance of administrative functions under the Vocational Rehabilitation (VR) program include program planning, development, monitoring, and evaluation. Other activities include information systems, budgeting, accounting, financial management, human resource, training and staff development, and quality assurance, as well as support for the State Rehabilitation Council, the State Independent Living Council, and the VR internship program.

Vocational Rehabilitation Counseling and Guidance

Vocational Rehabilitation (VR) counselors provide assessment, counseling, guidance, and placement services to assist individuals in assessing their vocational interests and strengths, selecting a job goal, and identifying VR services needed to achieve employment. Also included in this activity are the personnel and costs associated in providing support, supervision, and consultation for the provision of these services.

Vocational Rehabilitation Direct Client Services

To assist individuals in overcoming the unique barriers they experience, the division offers a variety of purchased goods and services, including vocational or academic training, assistive technology, mobility/transportation, communication services or devices, job placement, and retention.

Program 110

DSHS - Administration and Supporting Services**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	565.6	62,986	52,262	115,248
Total Maintenance Level	464.9	60,951	44,768	105,719
Difference	(100.7)	(2,035)	(7,494)	(9,529)
Percent Change from Current Biennium	(17.8)%	(3.2)%	(14.3)%	(8.3)%
Performance Changes				
Eliminate Family Policy Council #	(.5)	(2,800)		(2,800)
Eliminate Council for Children and Families #	(7.0)	(2,276)		(2,276)
Establish Community Initiative #		500		500
Medicaid Transfer Cost Allocation		2,907	(2,857)	50
ProviderOne Implementation		470	445	915
Reduce Administrative Costs	(21.0)	(2,072)	(486)	(2,558)
Health Care Consolidation #	(10.0)	(1,062)	(574)	(1,636)
Suspend Plan 1 Uniform COLA #		(1,414)	(271)	(1,685)
Subtotal	(38.5)	(5,747)	(3,743)	(9,490)
Total Proposed Budget	426.4	55,204	41,025	96,229
Difference	(139.2)	(7,782)	(11,237)	(19,019)
Percent Change from Current Biennium	(24.6)%	(12.4)%	(21.5)%	(16.5)%
Total Proposed Budget by Activity				
Operations Support and Services Division	266.3	35,745	17,533	53,278
Executive Management	49.6	5,531	4,615	10,146
Financial Services Administration	48.4	10,851	6,521	17,372
Special Projects and Unique Programs Grants	13.5	1,460	5,525	6,985
Suspense				
Council for Children and Families			1,004	1,004
Family Policy Council		(16)		(16)
Governor's Juvenile Justice Advisory Activity (GJJAC)	4.0	1,633	5,827	7,460
Total Proposed Budget	381.8	55,204	41,025	96,229

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**Eliminate Family Policy Council #**

Statutory authority for the Family Policy Council is eliminated. Authority will be retained for local networks through the Community Initiative.

HUMAN SERVICES - DSHS

Eliminate Council for Children and Families #

The Council on Children and Families is eliminated. Some of the functions will continue through the Community Initiative.

Establish Community Initiative #

The Department of Social and Health Services shall establish a public-private partnership that helps address the needs of high-risk children and families. The Department is authorized to develop partnerships and a new model for financing network community capacity building and reducing adverse childhood experiences. One-time state funding is provided to start up the initiative.

Medicaid Transfer Cost Allocation

The transfer of the Medicaid Purchasing Administration from Department of Social and Health Services to the Health Care Authority changes the base upon which central administrative functions are allocated. Appropriations are adjusted to reflect the new administrative allocation anticipated once the transfer is complete. (General Fund-State, General-Fund Federal, Other funds)

ProviderOne Implementation

Funding is provided for the Social Service Payment System data conversion and transition to ProviderOne. (General Fund-State, General Fund-Federal)

Reduce Administrative Costs

The Department of Social and Health Services will make administrative reductions in operations support and services, planning performance and accountability, research and data analysis, and internal control staff. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Operations Support and Services Division

The Operations Support and Services Division provides a broad range of services and support to all DSHS agency programs and clients. These services include background checks, contracts and procurements, purchasing, asset and fleet management, language testing and certification of interpreters, administrative hearing decision reviews, rule and policy expertise, capital program budget development, and management and oversight of state-owned or leased land and buildings.

Executive Management

Executive Management provides policy direction, oversees department legislative activities, coordinates agency communications, and monitors agency performance in service delivery. Functions at the agency level include program reviews, risk management assessment, loss prevention, forms and records management, investigations related to allegations of fraud, public disclosure activities, quality improvement, strategic planning, safety, access and equal opportunity, and support for community partnerships and policy.

Financial Services Administration

The Financial Services Administration is responsible for developing the department's operating budget and monitoring expenditures for compliance with legislative intent, forecasting expenditures, preparing fiscal notes, and performing payroll functions for the agency. The Financial Services Administration oversees and provides direction to programs regarding accounting functions and financial systems; and collaborates financial activities with the State Auditor's Office, the Office of Financial Management, and the Office of the State Treasurer. These services are performed through the Budget Office, Office of Accounting Services, and the Fiscal Services Office.

Special Projects and Unique Programs Grants

This activity involves areas that have been identified as unique programs, grants, or special projects to the agency. For example, the Mental Health Transformation State Incentive Grant that provides funds for developing a more effective and efficient mental health system.

Suspense

This activity involves items such as federal/state program adjustments, Title 19 distributions for the program, statutorily cancelled warrants, and items that will be transferred to other programs.

Council for Children and Families

The Council for Children and Families serves as a statewide resource to promote the optimal development of children and families by leading Washington State in its efforts to prevent child abuse and neglect before it occurs. It funds and provides training, technical assistance, and support to community-based programs to increase their capacity to achieve measurable outcomes and sustainability. It works in partnership with organizations to leverage resources and address systemic barriers that reduce access to services and support, and advances awareness of issues and resources that strengthen families and protect children from harm.

Family Policy Council

The Family Policy Council is responsible for developing community-based, comprehensive plans for the prevention of selected problem behaviors, based on data, community input, and the risk and protective factor analysis. The council's intent is to form and continue local outcome-oriented prevention and provide early intervention services for children and families to slow the dramatic increase in crime committed by youth.

Governor's Juvenile Justice Advisory Activity (GJJAC)

The GJJAC was established by Executive Order in 1982 to implement the federal Juvenile Justice and Delinquency Prevention Act in Washington State. The committee serves as an information resource and sponsors, promotes, and encourages public education programs on juvenile justice issues; provides technical assistance and training for professionals in the juvenile justice system; provides policy recommendations and information to the Governor, the Legislature, DSHS, other organizations, and the public; and develops funding priorities and awards the federal Juvenile Justice and Delinquency Prevention funds.

Program 135

DSHS - Special Commitment Program**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority	425.4	95,749		95,749
Total Maintenance Level	460.8	101,245		101,245
Difference	35.4	5,496		5,496
Percent Change from Current Biennium	8.3%	5.7%		5.7%
Performance Changes				
Reduce Administrative Staff	(14.0)	(4,374)		(4,374)
Reduce Special Commitment Center Programs	(4.0)	(2,544)		(2,544)
Fund McNeil Island Operations	35.3	5,600		5,600
In re Detention/David T. McCuiston		35,912		35,912
Reduce Secure Community Transition Staffing Ratios #	(18.0)	(1,926)		(1,926)
Suspend Plan 1 Uniform COLA #		(798)		(798)
Subtotal	(0.7)	31,870		31,870
Total Proposed Budget	460.1	133,115		133,115
Difference	34.7	37,366		37,366
Percent Change from Current Biennium	8.1%	39.0%		39.0%
Total Proposed Budget by Activity				
Civil Commitment Less Restrictive Alternatives	77.0	14,025		14,025
Civil Commitment-Sexual Predators	385.1	119,090		119,090
Total Proposed Budget	462.1	133,115		133,115

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**Reduce Administrative Staff**

Funding is reduced for administrative staffing positions at the Special Commitment Center.

Reduce Special Commitment Center Programs

The Special Commitment Center will reduce funding for a number of programs including mailroom services, visitor center hours, recreation programming, clinical internships, and Advanced Registered Nurse Practitioner nursing services.

Fund McNeil Island Operations

McNeil Island Corrections Center is scheduled to close on April 1, 2011. The Department of Corrections currently funds the staff necessary for marine and island operations. The staff necessary to continue these functions are transferred to the Department of Social and Health Services.

HUMAN SERVICES - DSHS

In re Detention/David T. McCuiston

Funding is provided to pay for legal services required by the Washington State Supreme Court decision for the In re: Detention of David T. McCuiston case concerning the due process rights of sexually violent predators.

Reduce Secure Community Transition Staffing Ratios #

The staffing models for the Secure Community Transition Facilities (SCTF) operated by the Special Commitment Center are mandated in statute. Proposed legislation adjusts the SCTF staff ratios to a more efficient staffing workload model.

ACTIVITY DESCRIPTIONS

Civil Commitment Less Restrictive Alternatives

Less restrictive alternatives (LRAs) include Secure Community Transition Facilities (SCTFs) and community placements. SCTFs provide less restrictive, alternative residential living and community transitional services for sex offenders who have been civilly committed under the law and have received court-ordered conditional release from total confinement. The Pierce County SCTF is located on McNeil Island, adjacent to the Special Commitment Center. Included in its funding is mitigation for local jurisdictions. The King County SCTF is to be located on Spokane Street in the city of Seattle, and will house and supervise up to six residents. The community program includes staff to administer the process of locating and evaluating potential SCTF sites and other civil commitment off-island LRAs, and includes individual placements and placements in group settings in the community.

Civil Commitment-Sexual Predators

The Special Commitment Center (SCC) located on McNeil Island completes evaluations, custody, and care and treatment of individuals who have pending petitions for civil commitment or have been civilly committed as sexually violent predators under the law. Residents are encouraged to participate in a six-level program structured to enable them to be prepared for reunification with the community. Included in SCC are administrative staff located in Steilacoom.

Program 145

DSHS - Payments to Other Agencies**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2009-11 Expenditure Authority		123,446	56,572	180,018
Total Maintenance Level		136,830	55,836	192,666
Difference		13,384	(736)	12,648
Percent Change from Current Biennium		10.8%	(1.3)%	7.0%
Performance Changes				
Medicaid Transfer Cost Allocation		(3,262)	3,990	728
Restore DSHS Legal Services		3,278	1,172	4,450
Health Care Consolidation #		(1,950)	(1,297)	(3,247)
State Data Center Rate Increase		4,565		4,565
Subtotal		2,631	3,865	6,496
Total Proposed Budget		139,461	59,701	199,162
Difference		16,015	3,129	19,144
Percent Change from Current Biennium		13.0%	5.5%	10.6%
Total Proposed Budget by Activity				
Payment to Other Agencies		139,461	59,701	199,162
Total Proposed Budget		139,461	59,701	199,162

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**Medicaid Transfer Cost Allocation**

The transfer of the Medicaid Purchasing Administration from the Department of Social and Health Services to the Health Care Authority changes the base upon which central administrative functions are allocated. Appropriations are adjusted to reflect the new administrative allocation anticipated once the transfer is complete. (General Fund-State, General Fund-Federal, Other Funds)

Restore DSHS Legal Services

The Payments to Other Agencies program was reduced by \$34 million in the 2009-11 biennial budget. The program consolidates payments that the Department makes to support service agencies. The initial reduction was partially restored (\$23 million) in the 2010 legislative session. Additional funding is provided in the 2011-13 biennium to restore base funding for Attorney General legal services. This funding is necessary to implement the expedited permanency savings. (General Fund-State, General Fund-Federal)

HUMAN SERVICES - DSHS

Health Care Consolidation #

The Medicaid Purchasing Administration (MPA) is transferred out of the Department of Social and Health Services and merged into the Health Care Authority, effective July 1, 2011. It is the first step toward the more effective definition and consolidation of health care purchasing resources, with the goal of maximizing resources to maintain healthy populations. (General Fund-State, General Fund-Federal, General Fund-Private/Local, Emergency Medical Services and Trauma Care Systems Trust Account, Hospital Safety Net Assessment Account)

ACTIVITY DESCRIPTIONS

Payment to Other Agencies

This program consolidates payments the department makes to other support service agencies. Funding supports two categories of costs: (1) Department-wide services, including human resources, information services, self-insurance, insurance administration, other general administrative services, Office of Minority and Women Business Enterprises, Washington State Patrol, and payments to the Human Rights Commission; and (2) Revolving funds, which include State Archives, General Administration, the State Auditor, the Attorney General, and Administrative Hearings.

Program 150

DSHS - Information System Services**Recommendation Summary**

Dollars in Thousands

	Annual FTEs	General Fund	State	Other Funds	Total Funds
2009-11 Expenditure Authority	141.0				
Total Maintenance Level	201.6				
Difference	60.6				
Percent Change from Current Biennium	43.0%				
Performance Changes					
ProviderOne Implementation	4.0				
Health Care Consolidation #	(2.0)				
Subtotal	2.0				
Total Proposed Budget	203.6				
Difference	62.6				
Percent Change from Current Biennium	44.4%				
Total Proposed Budget by Activity					
Information Systems Services	203.6				
Total Proposed Budget	203.6				

PERFORMANCE LEVEL CHANGE DESCRIPTIONS**ProviderOne Implementation**

Funding and FTE staff are provided for the Social Service Payment System data conversion and transition to ProviderOne.

ACTIVITY DESCRIPTIONS**Information Systems Services**

The Information Systems Services Division (ISSD) is the department's primary service provider for agency-wide information technology (IT) services. Key IT services include enterprise architecture, network infrastructure and support, electronic messaging, telephone services, production control, data security and disaster recovery, e-government and portfolio management services, Internet/Intranet services, and agency-wide help desk support.